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ABSTRACT

A follow-up to the 1983 review of the Allied Health Program in the State University System (SUS) of Florida is presented. The review consisted of site visits and interviews on the campuses and consultant reviews of the clinical sites. Three sections are as follows: (1) national and statewide concerns (e.g., over 90% of the SUS allied health programs are currently operating on a limited access basis because they have more applicants than there are spaces, faculty, equipment, and labs; a shift in sources of revenue makes it more important for the allied health programs to demonstrate their merits in terms of benefits to students and to the public interest; and many programs in allied health require greater length of time for completion); (2) general recommendations (e.g., direct continuing efforts toward proposing an equitable measure for assessing the promotion and tenure of allied health faculty; provide appropriate funding for state of the art clinical equipment; and make special efforts to target minority groups for recruitment); and (3) programmatic reviews for each of the system institutions. Five appendices are: lead consultant's resume; institutional schedules for visits; list of university coordinators; list of university consultants; and academic degree program inventory. (SM)

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ALLIED HEALTH PROGRAM REVIEW

STATE UNIVERSITY SYSTEM OF FLORIDA

AUGUST, 1988

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ALLIED HEALTH PROGRAM REVIEW

Consultant's Report

Dr. Frank Dickey

Accepted by Board of Regents October 29, 1987

BOR 87-10

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To Mr. Darryl Hewitt, I give my thanks for his expertise, his effective manner of working with the allied health personnel over the states, and for his assistance in putting this report into final form.

Our appreciation also goes to the individuals named below for their excellent reviews of the clinical sites used by the allied health education programs at the nine institutions in the State University System:

Patricia A. Amos, Assistant Dean, School of Community and Allied Health, University of Alabama at Birmingham

Thomas C. Barker, Dean, School of Allied Health Professions, Virginia Commonwealth University

Joseph Hamburg, Professor of Community Health, College of Allied Health Professions, University of Kentucky

Rosemary Harkins, Associate Dean for Academic Affairs, College of Allied Health, University of Oklahoma Health Sciences Center

Irene E. Roeckel, Medical Director, Central Kentucky Blood Center

David E. Yoder, Chairman, Department of Medical Allied Health Professions, University of North Carolina at Chapel Hill

Frank G. Dickey, Ed.D.

INTRODUCTION

The Process

When the Allied Health Program Review was conducted in early 1983, it was with the understanding that a follow-up review would occur sometime approximately four or five years later. When an invitation was extended to serve as the consultant for this series of visits, I had some hesitancy in accepting because I had the feeling that some might think a person who had participated in the initial review might have some preconceived notions or prejudices. However, the invitation was finally accepted and I am pleased that such was the case. It was soon discovered that having benchmarks against which progress could be judged is a very valuable asset. The greatest satisfaction, and even excitement, resulting from this follow-up review comes from observing the progress made by institutions and programs in a relatively brief span of time. If there was ever any doubt regarding benefits of the "repeat performances" in the review process, they should be removed through these experiences. It should also be emphasized that institutions, for the most part, do take seriously the recommendations made through the review process.

The follow-up review was conducted very much in the same manner as the initial review. Visits were made to all of the campuses and interviews were held with university administrative officers, deans, department or division heads, faculty, students, alumni, employers, and clinicians who participate in the programs. In the 1983 review, time did not permit any assessment of the clinical settings in which that part of the educational process takes place. Consequently, the recommendation was made to the Board of Regents that such visits be a part of the follow-up review. Each of the institutions was requested to secure a consultant to review the clinical sites. This pattern was followed with the institutions selecting a consultant, subject to the approval of the lead consultant and the Board Of Regents staff. Overall, the visits made by consultants to clinical sties were found to be satisfactory. As a result of this additional element in the process, it is felt that a much more complete picture of the programs is available.

PART I

NATIONAL AND STATEWIDE CONCERNS

NATIONAL AND STATEWIDE CONCERNS

During the past three decades, the allied health field has undergone as many changes as any area in higher education. No longer are these health occupations the "fair-haired children" of the federal funders. The allied health programs now have to vie for their general funding from university funds as do most other departmental areas.

This shift in the source of revenue makes it more important for the allied health programs to demonstrate their merits in terms of benefits to students and to the public interest. Consequently, this "follow-up" review of the allied health programs in the institutions comprising the State University System of Florida takes on added significance. Although the change in funding patterns was already in evidence when the 1983 Review of Allied Health occurred, it is even clearer now that the main burden of providing money for these programs rests with the state.

It is interesting to note how differently the institutions within the same system carry out the allocation of funds. Some adhere quite strictly to a formula based on full-time equivalents (FTE) with no reference to such factors as clinical education and supervision, student advisement loads, and public service. Other institutions provide a sufficient amount of flexibility, within the State University System of Florida (SUS) and legislative regulations, to allow for program differences. In the latter institutions, the allied health programs are given the opportunity to develop in a sound and innovative manner.

One has cause to wonder whether such different approaches to institutional budget allocations are the result of real philosophical differences or merely the result of seeking an easy or simple way to distribute funds. In any event, it has become obvious that allied health programs do have elements which make them more expensive to operate; and if these factors go unrecognized in the budget process, the quality of educational offerings suffers.

On a statewide basis, it is important to note that, even though some of the process is a matter of pure luck, the State of Florida has achieved an unusual balance in the allied health programs over the entire system. As a result, with only a few exceptions the health needs of the state are being met in a reasonably satisfactory manner; however, there are geographic area of the state where critical shortages are in evidence. One such example is the insufficient number of qualified speech language pathologists in Hillsborough and surrounding counties. How long this supply-demand situation will prevail is difficult to predict. As was indicated in the initial review of allied health, there is a real need for a comprehensive manpower study in the health fields of Florida. Whether this study is conducted under the auspices of the Board of Regents (BOR), Postsecondary Education Planning Commission (PEPC), or some other entity is not the important matter. The significant factor is that such a study be available in the relatively near future.

The work which has taken place in the past four years in terms of developing a common course numbering system for the Florida institutions is paying dividends and is making course evaluation for transfer of credits somewhat simpler; however, this system, in the final analysis, is not the answer to the transfer problem. Course content is the really significant factor and such a process necessitates course by course assessment in terms of textbooks used, teaching techniques, detailed course outlines, and testing and/or examination procedures. Several of the SUS institutions are developing excellent working relationships with selected community colleges in assessing courses for transfer in the allied health area.

One of the concerns expressed by both the BOR and PEPC is the number of programs in allied health requiring greater length of time for completion. Investigation reveals that more of the allied health programs now require in excess of 130 semester hours for completion than was the case in 1983. In fact, the majority of the allied health programs in the SUS are longer than 130 hours optimal length. Further analysis, however, indicates that the problem is not solely the extension of the health portion of the program, but rather is the result of additional general education having been added. There can be no argument with the new requirements such as foreign language proficiency; however, when these new elements are added to the graduation requirements, it is more difficult to complete complex allied health programs in a four-year period.

At the time the initial BOR Review of Allied Health was conducted in 1983, the impact of the Diagnostic Related Groups (DRG's) on the allied health fields could not be foretold. These regulations were put into effect as one of the governmental efforts toward cost containment in the health arena. Certainly one of the effects has been to cut the length of hospital stays for many patients. On the other hand, the cost per day for hospital care has continued to rise, so the consumer has seen relatively little difference in the overall cost.

The initial prediction of the proponents of the DRG's was that most allied health areas would see some diminishing manpower needs and that the only growth would occur where population increases are evident. These forecasts, however, were not really accurate, for as hospital stays become shorter, many of the hospital based services by allied health personnel were merely transferred to home care services. Physical therapy services are just one example of the different and changing locale for services.

Many who had predicted a lessening need for medical laboratory technologists have been proven incorrect, because there is a growing shortage of personnel in this field. Even though hospital stays may be shorter, more tests and increasingly complex tests are being required and the need for medical technologists continues to increase. Other occupations such as respiratory care and radiologic technology have quite similar problems in keeping pace with the needs.

The need for physician assistants has outstripped all predictions, possibly due to the increasing use of such personnel in a wide variety of settings--family practice clinics, nursing homes, children's homes, prisons, etc. As a consequence of the above situations, there is a general need for the entire nation, and particularly Florida with its growing population, to continue to expand enrollment opportunities in the allied health fields.

One of the most discouraging aspects of the Florida health care scene is that over 90 percent of the allied health programs in the State University

System are currently operating on a "limited access" basis because they have more applicants that there are spaces, faculty, equipment, and labs to accommodate them. Additional funding for these programs is the only answer if the needs of the state are to be met.

In the following programmatic reviews for each of the SUS institutions, it would be redundant to indicate the department to department concerns expressed regarding maintaining salary levels which will be competitive with other states. It is becoming increasingly difficult for the Florida universities to recruit faculty members when the salaries are not keeping pace with many of the best institutions in the nation. This is an overall state problem. The fact that little mention is made of the salary problems in the individual program comments, should not be construed as the absence of a problem situation.

PART II

GENERAL RECOMMENDATIONS

GENERAL RECOMMENDATIONS

Targeted Funding: After reviewing the allied health programs throughout the SUS, the common denominator found among many of these programs is the manner in which they are funded by university administrators. Full-time equivalents (FTE) are generally perceived as an equitable and fair method of allocating positions within the university system, but to the chagrin of many a university administrator, allied health programs are comparatively more expensive to operate than other degree programs. Didactic education, clinical education, and sophisticated equipment comprise a significant portion of educating these professionals; consequently, student-faculty ratios are generally lower and thus the intensity levels are substantially higher, increasing the cost of offering these programs. Bent on budgeting positions on an FTE basis and treating all programs alike--equitably, university administrators are compelled to ignore differences in program intensities. Thus, allied health programs operate with fewer resources and are left to fend for themselves. In no way should these remarks be regarded as a knock against the way in which university administrators manage their institutions, but more as a reality of the costs associated with offering these programs. Under the present circumstances, the SUS and the Legislature may want to consider the option of targeting funds and/or opting for more flexible funding toward the support of allied health programs.

Promotion and Tenure: Allied health faculty continue to experience extremely heavy teaching and advising loads, which hinders their ability to do researching and to do writing, two criteria considered important in promotion and tenure decisions. Continuing efforts will need to be directed toward proposing an equitable measure for assessing the promotion and tenure of allied health faculty.

Equipment: Some programs are in dire need of state-of-the-art clinical equipment. Many of these programs have gone as far as borrowing equipment from local vendors to fill their clinical education needs; but as this approach suggests, it is a stop-gap measure in need of a long term solution. Presently students are receiving the clinical portion of their education on antiquated equipment, severely disadvantaging them in their preparation to enter their respective professions. An infusion of appropriate funding is proposed.

Space: With the phenomenal population growth many metropolitan areas are encountering and with the demands being placed on the state universities to offer allied health programs, adequate space will become a high priority for SUS officials. The degree to which space is available and usable takes many shapes and forms. In some instances, entire physical buildings will need to be constructed, while in other cases, renovation of present facilities will become necessary. Regardless, a study of space requirements will be of high order to accommodate the growth of these programs.

Minority Recruitment: Although the downturn in the numbers of minority students in recent years is not peculiar to the allied health professions, targeted efforts would serve to encourage potential participants. Special efforts being demonstrated within allied health, i.e., rehabilitation counseling at the University South Florida, is already beginning to pay dividends.

Graduate Student Support: The ability of state universities to recruit and to attract graduate students is severely hampered when other program competitors offer better financial aid packages. Perhaps a special appropriation would be in order to competitively compensate graduate students.

PART III

UNIVERSITY OF NORTH FLORIDA

Although a number of rather substantive changes have taken place in the four years since the initial review of the health related programs at the University of North Florida (UNF), the most dramatic is the authorization of a College of Health by the Board of Regents and the Legislature. This action brings together, under a single administrative officer, the several programs of allied health and nursing, and indicates the institutional acceptance of a recommendation made by the Allied Health Review Team in 1983.

The University of North Florida continues to provide some of the most unique and innovative health related programs in the nation. Other recommendations emanating from the 1983 review are being implemented in a most satisfactory and commendable manner. From this follow-up visit, it is apparent that sound leadership is making change possible with a minimum of friction.

At the program level considerable change has occurred in keeping with the review recommendations. The tracks or options have been clarified and strengthened in such a way that they reflect more accurately the purposes of the health majors.

Recently, the Mayo Clinic opened its facilities in Jacksonville on the UNF--Butler Boulevard corridor, thus enhancing the allied health program opportunities. Jacksonville is described as being the next major urban growth area for the State of Florida and already is a center for the health industry as evidenced by the presence of fourteen hospitals. The health industry may well be the largest single employer in the Jacksonville area.

Fortunately, at UNF there are no limited access programs and the programs of health sciences continue to grow and develop.

Some of the recent developments, in addition to those already mentioned, are:

1. The feasibility study in preparation for the establishment of a Master in Health Administration program. This program has the solid support of community health agency officers, business leaders and students. The new program would include a strong business and health finance component, as as well as other interdisciplinary aspects.

   Plans for implementation of the program, when approved, call for conferences and retreats with prospective employers, community health agency representatives, faculty, and students to be held in order that plans for the program may include those experiences most conducive to preparing students for the real health management world.

2. UNF has exercised good judgement in the selection of new faculty in such fields as sociology, psychology, political science, business, and other fields which can contribute through interdisciplinary programs to present and future allied health programs.

3. Articulation with a growing number of community colleges continues to be one of the strengths of UNF. This institution has made special efforts to assist the Associate of Science graduates in their transfer to UNF.

3. All programs in allied health offered by UNF are well within the reasonable semester hour and time limits employed as desirable measures by the Board of Regents.

4. The allied health programs at UNF continue to address major societal problems such as drug and alcohol abuse, ecology, nutrition, and the health related problems of the aging.

The major need for the allied health area at UNF is that of physical facilities which will enable the new College of Health to bring together the several areas which will be included in the new administrative unit. The UNF administration is working on a short-term solution to the problem through the planned renovation of Building 2; however, it must be emphasized that this is a short-term, stop-gap measure, and in the very near future these programs can be accommodated only through a new building to house health and biological sciences.

Currently, the programs at UNF include Health Sciences (Community Health Services and School Health) at the undergraduate level and Health Sciences in five different tracks or options at the graduate level. The university is continuing its assessment of community and regional needs to determine whether additional programs may be appropriate to the mission and philosophy of UNF.

EXTERNAL CONSULTANT'S CLINICAL SITE REVIEW

The Division of Human Services in the College of Education and Human Services offers the Bachelor of Science (BSH) and the Master of Science (MSH) degrees in Allied Health Services. All students in Allied Health Services programs earn these degrees with a major in Community Health.

The Bachelor of Science programs in Allied Health Sciences are designed for individuals who wish to pursue a career in health services delivery within community and educational settings. Program options are available in Alcohol/Drug Studies, Aging Studies and Health Promotion. These upper division programs consist of a minimum of 60 semester hours and include a required nine semester hour (320 clock hours) Community Service Internship (HSC 4814) taken during the last academic semester. This equates to approximately 20-25 hours per week field time. Through the internship, clinical or field learning experiences, compatible with the stated area of specialization, are attained in community agencies, programs, or other community field experience related organizations.

Course Description: HSC 4814. Community Service Internship. Nine semester hours. Prerequisite: completion of all core requirements. A concentrated internship under an employer as supervisor in a selected career area. Designed as a culminating experience which allows the student an opportunity to practice under careful observation and in cooperation with a skilled practitioner.

Students pursuing the Master of Science in Allied Health Services can select a major track from one of five areas of study: (1) Aging and Adult Studies; (2) Alcohol/Drug Studies; (3) Health Promotion; (4) Health Services Administration; or (5) Human Ecology and Nutrition. Some of the graduate options require an internship in Health Care Administration (HSA 6855), while others require both the nine-hour internship and a three-hour field experience in health.

The Aging and Adult Studies specialization (a minimum of 36 semester hours) is designed for students who wish to work in the field of Aging: Alcohol/Drug Studies (a minimum of 51 semester hours) is designed for those who wish to work in the area of chemical dependency; the 45-semester hour (minimum) Health Promotion track is for those who wish to promote the wellness approach to health service delivery in hospital, educational, business and other community settings; Health Care Administration (a minimum of 45 semester hours) is designed for those who wish to pursue management and administrative roles within a health care delivery setting; the 35-semester hour (minimum) Human Ecology and Nutrition plan of study is designed for students who wish to apply nutritional knowledge to the design and operation of community based health programs.

Course Description: HSA 6855. Internship in Health Care Administration. Prerequisite: Advisor-student conference and completion of content in career area. This internship provides the student administrative experience in a health care facility. The type of facility selected by the individual will depend upon his/her professional diagnosis and assessment for career employment. Students who desire to do an internship must meet with faculty internship advisor by the fourth week of the semester prior to the term of internship.

THE INTERNSHIP PROGRAM

The Memorandum of Agreement clearly defines responsibilities of the University and the Cooperating Agents and their limits of liability. It is signed by the Student Intern, the Field Site Supervisor and Administrator of the Cooperating Agency, the Chairperson of the Division of Human Services, and the Vice President for Academic Affairs at the University.

The Student is required to file a letter of intent one semester prior to the anticipated term of internship. During a preinternship meeting, the student and UNF Program Director discuss selection of the site, requirements and responsibilities of the intern, and completion of the internship application. Each intern is assigned a University Advisor to provide guidance throughout the internship. A Ph.D. level faculty member at UNF is responsible for each area of study.

If a site is selected which has been utilized previously by UNF interns, the student is required to make the initial contact with the facility. However, if the student expresses an interest in an agency which has not had prior affiliation with the UNF program or the student is otherwise uncomfortable in making the initial approach, the University will assume the responsibility for introduction of the student to the agency's key contact person. In any case, the University must approve all internship sites. Dr. Sharon Weaver has served as the University's on-campus coordinator of Community Service Internships for approximately five years. All Field Supervisors interviewed have earned Master's degrees and are experienced in their respective professional fields.

Interns are provided written guidelines at the beginning of the internship and a description of the evaluation process.

The student should spend a minimum of 320 clock hours in the internship experience. Students participate in the design of their own performance objectives. During the internship, interns attend a series of on campus meetings and two to four seminars, the purpose of which is to discuss and share internship experiences. Students spend the first two or three week orientation period of the internship in clinical observation. Interns must keep a daily log, submit weekly job performance forms, maintain two complete notebooks containing copies of all written work and forms related to the internship, and complete a major project.

The University Program Coordinator maintains open communication with the field supervisor. The University hosts a meeting at the beginning of the term in which UNF faculty, Central Advisement Personnel, interns, and field site supervisors are invited to attend. The purpose of the meeting is to orient the Field Supervisors to the University and College and to discuss fully the responsibilities of the Field Supervisor, internship policies and the objectives to be accomplished by the intern. The UNF Program Coordinator makes three field site visits. The first is primarily for student observation and review of objectives; the second is to observe the intern performing some hands-on task; and, the third is for the purpose of final student evaluation. University faculty meet with field site supervisors each time they visit the agency.

Interns are evaluated at midterm and at the end of the internship. The evaluation is based on student performance in completing work assignments and progress toward accomplishment of the predetermined objectives. The Field Supervisor's evaluation is important in the determination of the final grade. As one of the final tasks, the intern prepares a career analysis plan which includes an updated resume. Interns are also expected to evaluate certain aspects of the internship and suggest modifications in the program where appropriate. As a part of the final evaluation, students evaluate both the Field Supervisor, the UNF Faculty Supervisor, and the clinical experience.

Graduates of all programs must demonstrate competencies specific to their area of study prior to graduation. Completion of an internship may not necessarily qualify the student to sit for a licensure exam.

The community is very receptive to graduates of the University's Allied Health Services programs as evidenced by the availability of local employment opportunities and by the various agencies willing to accept interns.

The impact of the Division of Human Services' graduates at one local Alcohol/Drug Care Unit in the area is significant in that three graduates of the program are presently on the staff and serving in administrative positions. Three interns who are currently completing internship requirements at this particular site are performing well. Upon completion of the practicum internship, graduates are highly marketable because of the quality of training that has been provided. In many cases, a family like relationship is established during the internship. At Ponte Verda and the Care Unit, several instances were noted in which current employees are former interns and graduates of UNF programs. This is further evidence of the mutual benefit derived from these cooperative programs in that the clinical affiliates are helping produce its own workforce.

Minority enrollment in UNF Allied Health Services Programs is considered to be at the level of population parity.

Of twelve (12) major hospitals in Jacksonville, including the recently opened Mayo Clinic, the three site facilities selected for this clinical site review are representative of the field sites available to interns.

Ponte Vedra Health and Fitness Center
St. Vincent's Medical Center
Jacksonville, Florida

Ponte Vedra Health and Fitness Center, a two and one-half year old facility, is a department of St. Vincent's Wellness Center and is managed by St. Vincent's Medical Center. St. Vincent's Medical Center, a 500 bed hospital, is one of the two largest hospitals in Jacksonville. The Wellness Center offers health education programs to the private and corporate communities of Jacksonville and is staffed by professional health care specialists who provide guidance and instruction on wellness principles and exercise equipment. The medically-based Center is advised by a Board of fifteen (15) physicians whose responsibility is to review and help develop all programs. As a subsidiary of St. Vincent's Medical Center, the Center is included in the hospital accreditation by the Joint Commission on Accreditation of Hospitals (JCAH). The Director of the Center reports to the Vice President for Corporate and Community Health at St. Vincent's. The Vice President is a former faculty member at the University of North Florida.

The Center is equipped with state-of-the-art exercise equipment and facilities. The exercise room includes 60 workout stations utilizing Nautilus, Badger and Paramount equipment, weights, exercise bicycles, rowing machines and motorized treadmills. Also available are whirlpools, saunas, and steam rooms. Beginning through advanced training programs, lap swimming and aquasize, classes are offered in an indoor Olympic-size swimming pool. Registered massage therapists are available on an appointment basis, and an outpatient physical therapy/sports injury program is in place for physician referred patients.

To help members pursue their fitness goals, health promotion classes are offered on weight management, stress management, smoking cessation, nutrition, cardiovascular conditioning, pulmonary rehabilitation, bicycle basics, walking, and parenting and family life. To determine current fitness levels, clients are provided a comprehensive assessment from which baseline data and goals, objectives and direction are established for each individualized fitness program. The evaluation includes a health risk appraisal, analysis of cardiovascular fitness, pulmonary function, diet and nutrition, blood pressure, pulse rate, anthropometric measurement, muscle strength and flexibility and a blood chemistry profile.

After the baseline data is determined, each client is counseled as to a suggested body weight goal, musculoskeletal fitness, and an exercise prescription. A variety of alternatives are available to facilitate the design of an individualized fitness program.

INTERNSHIP PROGRAM

The internship at St. Vincent's Wellness Center provides a comprehensive program for undergraduate and graduate students enrolled in various academic programs which include health promotion, wellness, physical education, health education, and other related allied health fields. Depending on the student's interest, interns may take advantage of an option to rotate through several program areas including community health promotion, corporate wellness, a mobile Wellness Wagon, an Employee Assistance Program or the medically based Health and Fitness Center.

Intern responsibilities include:

1. Development of a complete health education program including promotion implementation (course outline, objectives and methodology, supervision, and evaluation).

2. Teaching and facilitating at least one educational program or activity or exercise class.

3. Demonstration of competency in performing and interpreting fitness evaluation, and demonstration of indepth knowledge of the principles of exercise by presenting safe and appropriate exercise programs to participants including those with orthopedic deficiencies/injuries or other medical considerations.

4. Attending and providing a critique of at least one health education class offered through St. Vincent's Wellness Center or St. Vincent's Medical Center.

5. Presentation of research on a topic related to the health and fitness profession during an inservice program to the Fitness Center staff.

6. Demonstration of an understanding of the daily operations and management aspects of the Center including opening and closing procedures, facility tours, membership and facility maintenance, marketing techniques, personnel development, computer operations, and the word processing system.

7. Meeting deadlines for completing reading and written assignments by deadline dates.

The minimum weekly requirement of the internship is 20 hours per week. Evaluation of student performance at the Facility is similar to the merit evaluation of Facility employees. Upon satisfactory completion of the internship, the intern may apply to take the certification examination administered by the American College of Sports Medicine.

Ponte Vedra has also accepted interns from the University of Florida and Western Illinois University; however, no more than two interns are in residence at the Facility at a given time.

Daniel L. Murphy, ATC, Field Supervisor at Ponte Vedra Health and Fitness Center, earned the BS degree in 1980 and MA degree in 1981 in Physical Education at the University of Florida. In 1982, he was certified as an Athletic Trainer by the National Athletic Trainers Association. As an Exercise Specialist in Rehabilitation Services at Alachua General Hospital, Gainesville, Florida, his responsibilities were primarily clinical. For the next two years at Holmes Regional Medical Center Fitness Center, in Melbourne, Florida, he was responsible for recruiting and training interns. He was recruited by St. Vincent's in 1985 to serve as Director and developer of the Ponte Vedra Fitness Center.

At Ponte Vedra, the personal commitment of Mr. Murphy, Field Site Supervisor, is to assume responsibility for any weaknesses in student performance that may reflect on the intent of the Facility to provide a quality experience.

CareUnit
Jacksonville Beach, Florida

Opened in 1982, CareUnit is a licensed 84-bed inpatient subacute treatment center dedicated to treatment of chemical dependency. CareUnit is one of 25 free standing facilities of this type in the United States. The parent company is Comprehensive Care Corporation (CompCare)--the largest private provider of chemical dependency and behavioral medicine services in the nation. The Corporation also manages 200 contract units located in separate community hospitals, medical-surgical facilities, psychiatric hospitals, etc. Strong emphasis is placed on self-help and support groups. CareUnit established the first Cocaine Anonymous, Alcoholics Anonymous and Cocanon (family component similar to Alanon) in Northeast Florida. CareUnit is a member of the American Hospital Association and the American Association of Psychiatric Hospitals. It is licensed by the State of Florida and accredited by the Joint Commission on Accreditation of Hospitals.

Per Diem rates at the Facility are $350/day as compared to rates of approximately a $550/day in the psychiatric hospital treatment facility. The inpatient caseload is 50 adults (18 years of age and above) and 34 adolescents (12-17 years of age). The length of the treatment program on the adult unit is an average of 30-45 days; the adolescent program is approximately 30-60 days with the average length of stay of 40-45 days. The average adolescent age is 15.5 years; the average adult patient is 36 years of age. The patient population gender mix reflects a higher incidence of females on both the adult and adolescent units. This may be ascribed to (1) a better-educated society in terms of their recognition of the disease; (2) an increased number of women entering the workforce with attendant work-related stressors; (3) an increased awareness and recognition of warning signs of chemical dependency; and (4) a requirement for treatment as a result of adjudication when there are legal implications. Twenty-five to thirty percent (25-30%) of the adult patient population is Black. Of 110 employees at CareUnit, approximately 22 percent are Black. Although most patients are polyaddicted, sixty to seventy percent (60-70%) of this population is cocaine dependent. Treatment is also available for patients who are dependent on marijuana, alcohol, and/or other illicit drugs.

In the highly structured treatment program, patient education is a vital part of the process. The Unit operates on the medical disease model, which treats chemical dependency as a primary disease process rather than as a symptom of some other underlying pathology. The prevailing philosophy of the treatment protocol is that recognition of chemical dependency as a disease process comes through understanding the nature of the disease.

Family members are encouraged to participate in an intensive family program beginning around the third week of treatment. Family-patient bonding is promoted based on the observation that recovery is enhanced if the family participates in the treatment process. Family members stay at the center during the day 3-5 days a week to promote bonding.

Completion of a treatment program (i.e., completion of clinical goals and objectives) is not dependent on the number of days spent at CareUnit but rather on the patient's successful motivation for change, the extent of the disease process, the extent of deterioration of their lives, and on the effectiveness of the individualized treatment plan.

Through a contract between the Hospital and the Duval County Home Bound Program, adolescent patients may earn academic credit through a school program which is available to them five days a week. With parental consent, most adolescent patients participate in the program.

An interdisciplinary team approach utilizes the medical director, physician, board-certified adult or child psychiatrists, psychologists, psychometrists, certified chemical dependency counselors, counselor aids, recreation therapists, physical therapists, occupational therapists, registered nurses, and licensed practical nurses.

The interns are actively involved in all components of the treatment processes so they must become familiar with the agency policies and procedures, dress codes, etc., early on. They are encouraged to attend the self-help groups and to interface with family groups. Active participation in group therapy rather than strict observation is promoted. Observation and participation is supervised by a certified clinical/therapist. Interns are also encouraged to attend all didactic lectures and to ask questions, raise issues, etc.. At this point, interns have only been accepted from the University of North Florida (UNF).

Through the Administrator of CareUnit, the affiliation agreement is signed by the Chief Executive Officer at the Corporation's regional office in Irvine, California. Student interns are considered volunteers, or more technically as unpaid employees, and therefore have the same insurance coverage as other employees.

The Field Site Supervisor is Ms. Luanna Anderson, RN. She earned the Master's degree in Allied Health Services at UNF and has 18 years experience in nursing and three years experience with CompCare, the parent company. She began with CareUnit. She moved later to the position of head nurse on the Adult Unit and now serves as Program Director on the Adult Unit.

Depending upon the students' concentration in the allied health services program, completion of the internship qualified the graduate for employment in such positions as (1) Chemical Dependency Counselor, (2) Chemical Dependency Therapist, (3) Special Care Therapist or (4) Family Program Counselor. A number of graduates of the UNF Program have been employed by the CareUnit.

St. Luke's Hospital
Jacksonville, Florida

St. Luke's Hospital is a general acute care 289-bed (all private) not-for-profit community hospital. Founded in 1873, it was the first hospital established in Florida and serves residents of Northeast Florida and Southeast Georgia. With a complete bed replacement program, the hospital moved from its original location in North Jacksonville to its present site in December, 1984.

The hospital provides services representing every major medical specialty, except obstetrics and pediatrics, on an inpatient basis. In addition, many medical services are available on an outpatient basis, including ambulatory surgery. With a medical staff comprised of more than 600 physicians, major emphasis is placed on general medicine, surgery, and emergency medicine.

Under the affiliation contract with the University of North Florida, St. Luke's Hospital supervises only Master's degree level students. Interns are also accepted from Florida State University.

Prior to the beginning of the internship, Dr. Sharon Weaver, University of North Florida Internship Coordinator, sends a letter of introduction to the Facility. General competencies and guidelines for the internship may be suggested by the University; however, each student determines personal objectives to be accomplished. Within the capabilities of the hospital, objectives of the experience are tailored to student interest. Weekly job performance evaluations are sent to UNF faculty. Faculty visit the Facility at least twice per semester. Weekly midterm and final faculty evaluations are considered in determining the final course grade.

During the Community Service internship at St. Luke's, interns gain experience in discharge planning, planning for financial resources, medical equipment, impact of the illness on the patient and the patient's family, community agency referrals, post-hospital and long-term care, including the handling of family crises, wills, and power of attorney situations. By exposure to these varied situations, a high level of success has been achieved by graduates of the program. Interns are required to keep notes of their experiences which are checked by the field supervisor.

In the debriefing conference following completion of the internship, performance objectives are again reviewed to determine whether all objectives have been accomplished and to ascertain the level of hands-on competency that has been achieved. The intern is also asked to share a personal assessment of the placement experience.

Several strengths of the internship program observed by the field supervisor are the professional demeanor displayed by interns, the intern's ability to handle the demands of the job, and the accessibility of the University faculty. One improvement suggested was that the UNF Field Supervisor make a preinternship visit to tour the Facility to become more familiar with the environment. It was noted that at the present time, more extensive involvement of UNF faculty would be difficult because of their already demanding workload. For example, during the Spring semester, 111 students were involved in internships, practicums or other field experiences. Another time constraint relates to the diversity of programs for which the University Coordinator is responsible.

The Community Service Field Supervisor at St. Luke's is Nancy P. Ford, MSW, Director of the Department of Social Services. She earned the Master of Social Work degree at Florida State University in 1985. She started the Social Services Department at St. Luke's Hospital in 1973 which now employs two other social workers. These two staff carry 90 percent of the caseload, allowing Mrs. Ford time for intern supervision and administrative responsibilities.

University of North Florida
Jacksonville, Florida

SUMMARY

The health care system's purposes and practices have changed over time as science and technology have influenced medical practice and as the public responds to new developments in medical care. The health consciousness of the public has grown enormously; we have become more aware of the necessity of personal involvement and personal responsibility in the pursuit of health and wellness. The health sector is moving from a biomedical to a biosocial model of health care and with these changes have come new definitions and expectations about the concept of well-being. A shift of emphasis from disease orientation to health education, health promotion, and disease prevention is taking place.

In response to these changes, allied health education is growing and changing constantly. The patterns of education for the allied health profession have grown out of these practice needs rather than from abstractly determined sets of values. There is evidence that allied health professionals are ready to assume leadership roles in the health systems in which they function and will be assuming expanded and more comprehensive roles within the next decade.

The essence of allied health is collaboration in health care, a sharing of tasks and support for the professional expertise of each member of the health team. Allied health programs at the University of North Florida are addressing the expanded role of the health professional in different employment settings and emphasize interdisciplinary education as a means of promoting collaborative approaches to health care. As the mainstreams of the two traditions--health and education (health promotion) move toward each other, the disciplines have borrowed from one another's techniques as evidenced by the outgrowth of the Allied Health Services programs from the College of Education. The growth of these programs represents efforts to try a different approach from the traditional and parallels a turn in the health professions from an emphasis on hospital care to applied health education in the community.

The effectiveness of the UNF approach is probably best characterized by the immediate employability of their graduates--often by the agencies that participate in their education, vis-a-vis their practicum, internship, or fieldwork as these experiences are variously known.

The University of North Florida is meeting local and national societal needs in areas in which its personnel have expertise and in which the location of the University provides an obvious advantage. The Division of Human Services is such an area of special competence and is unique in its allied health offerings with the State of Florida.

The services they provide are relevant to both traditional health care and to such relatively new concerns as health promotion, social health, and problems related to aging, alcoholism, and drug abuse. Through its graduates, UNF is contributing significant numbers of staff to such "new settings" as wellness centers, health maintenance organizations, hospices, rehabilitation centers, and chemical dependency treatment centers.

Recommendation: Investigate feasibility of designing curricula to meet guidelines qualifying graduates for eligibility to sit for national certification examinations in all program areas where appropriate. It was noted that completion of the program at Ponte Vedra Fitness Center qualifies the student to take the Exercise Specialist examination administered by the American College of Sports Medicine.

Conclusions

1. The purpose of the follow-up allied health review as defined by the scope of responsibility of the Florida Board of Regents is to assure the quality and improvement of Allied Health education programs within the State University System of Florida which directly serves the interests of the students enrolled in the programs and the public at large.

2. There is evidence that the programs at the University of North Florida are diverse, innovative and unique in design, and demonstrate a level of performance, integrity and quality that entitle them to the full confidence of the community they serve.

3. There is evidence that graduates are prepared to practice in an ethical, moral, legal, safe, and effective manner by practicing with an understanding of their own limitations in the delivery of care and of the need to refer to other health professionals and specialist when indicated.

4. There is evidence that the faculty is responsible for curriculum development and a comprehensive curriculum plan which includes goals, performance objectives, organized, and sequenced student-oriented learning experiences.

5. There is evidence that the internship is an integral part of the curriculum. The minimum field experience is not less than 320 hours.

6. There is evidence that the field experience is coordinated by a UNF faculty member and a field site supervisor associated with the field agency. The academic faculty maintain close liaison with the field supervisors for the purpose of evaluating the interns and their progress in meeting the objectives of the education program.

7. There is evidence that signed agreements between the University of North Florida and the field facilities describe the responsibilities of both agencies.

8. There is evidence that during the internship program, students have an opportunity to assume significant responsibility for carrying out major professional work responsibilities in an atmosphere which provides professional role modeling, a variety of patients, and a variety of learning experiences.

9. The field sites reviewed are accredited by the appropriate agencies and are approved by UNF's Division of Human Services as capable of providing experiences which are consistent with the objectives of the internship programs.

10. There is evidence that a close working relationship is maintained between the field supervisor and academic faculty to facilitate the evaluation of student performance. Specific procedures are established for communication between them which include seminars and mutual visits.

11. There is evidence that interns are actively involved in evaluating their own experiences, including the quality of supervision and instruction they receive. They also participate in designing their own objectives to be accomplished during the internship.

12. There is evidence that interns are regularly informed of their progress through clearly identified evaluation sessions.

13. There is evidence that through a series of preinternship meetings and orientation seminars, students are provided information regarding guidelines of the internship program.

UNIVERSITY OF NORTH FLORIDA

RECOMMENDATIONS:

1. UNF is making significant progress in the development of articulation agreements with community colleges to enhance the transfer of AS graduates; these efforts should be continued and nurtured.

2. In preparation for the feasibility of establishing a Master's degree in Health Administration, every effort should be made to include community health agency officers, business leaders and students in the process. With health being one of the largest industries in Jacksonville, the proposed program should consider the needs unique to the community.

3. Given the rapid growth of the Jacksonville community, future degree proposals should be carefully studied to determine which areas are appropriate to the mission of the university.

4. Rapid growth has outstripped the present physical facilities. Future plans should consider the addition of a new building to meet space requirements.

FLORIDA STATE UNIVERSITY

The follow-up visit to the Allied Health programs at Florida State University (FSU) reveals substantial progress in most programs since the Allied Health Review in 1983. A variety of equipment, so desperately needed for instruction and research at that time, has been provided through the allocation of state funds. Faculty staffing patterns have been altered in several departments, enabling additional time for research and service activities.

A continuing problem of the Florida State University programs remains that of a lack of communication amongst the health related programs. If the Allied Health Council can be revamped, it is possible that this unit can serve as a catalyst for the health fields. In the long run, however, it still seems desirable to consider the establishment of a college, school, or division of allied health.

The cross-departmental sharing of equipment, particularly between the Department and Chemistry and the Nutrition program, is a practice to be commended.

Efforts to recruit minority students have been intensified over the last four years; however, the results are not as positive as one might desire. It should be pointed out that this situation is true for higher education in general and is not peculiar either to FSU or Florida as a state.

Despite these continuing challenges, it is heartening to note progress in the several areas of Nutrition and Food Science, Communication Disorders, and Rehabilitation.

MEDICAL TECHNOLOGY

Medical Technology is in a period of transition and it is difficult to evaluate the program at this time. This program is a small component of the Department of Biological Science and has had an interim program director who also has other major responsibilities. A new director, Ph.D. level with a rich background in biomedical technology, will assume the direction of the Medical Technology program this Fall. A number of rather substantive alterations in the program are already "on the board" for the consideration of the new director. It is hoped that new direction for the program may increase the interest in and the enrollment.

It should be noted that new equipment has been provided for the program since the 1983 visit and a half-time secretary has been made available for Medical Technology.

This program is one of the many in the Florida System which requires more than 130 hours. If the student finishes all requirements for entry into the medical technology profession prior to graduation, actually 140 hours (or more) would probably be required. This situation is the result of the necessity to meet the requirements of the College of Arts & Sciences, in which the program is located. For example, twelve hours of foreign language is a part of the requirement. Consequently, when a student is qualified to enter the internship part of the Medical Technology program (110 hours of the 120 required for graduation) the additional hours of internship would run a total substantially above the 120 mark. As a result, virtually every student opts to graduate and then do the internship without tuition or collegiate credit. Since the accredited status, in this instance, is a part of the clinical site, this institutional program remains accredited.

Because there are unanswerable questions regarding the program at this juncture, it is recommended that the BOR make arrangements for another follow-up visit for only this program in 1989.

NUTRITION AND FOOD SCIENCE

The Department of Nutrition and Food Science continues to meet a real need in this part of the state by providing preparation programs for dieticians and others at the baccalaureate, masters, and doctoral levels. Enrollments in these programs are stable or increasing slightly. The new option in Nutrition and Fitness (an interdisciplinary approach) has attracted new interest and added students at the undergraduate level. The possibility of extending this program to the graduate level is under consideration and could produce some increase in enrollment.

Emphasis on problems of the aging is continuing, primarily through the Certificate in Gerontology, which is another example of interdisciplinary effort on the FSU campus.

It is important to note that the equipment needs for this department have been met in a most satisfactory manner during the intervening years since the recommendations of the initial Allied Health Review were presented.

At the present time, the most pressing need of the Department of Nutrition and Food Science is the renovation of the Home Economics Building (with possible expansion) to remedy very serious plumbing and ventilation problems.

COMMUNICATION DISORDERS

The Department of Communication Disorders is a truly outstanding example of a unit engaged in teaching, research, and service. In each of these areas, the department is superior.

During the past four years, the recommendation that more time should be available for research by the faculty has been admirably met. Through changes in the staffing pattern, more time is available for research and service. By utilizing available funds in an innovative fashion, the department has carried out an outstanding faculty development and self-renewal program.

The Communications Disorders and Aging Laboratory is in the process of being developed and holds real promise for making major contributions through research and service, as well as providing an added avenue for intern experience.

This department is so outstanding and has such an excellent national reputation that is seems appropriate to suggest that it be considered as one of Florida's Centers of Excellence. Few, if any departments in the entire Florida system can match the high quality and the innovative spirit of this department.

LEISURE SERVICES AND STUDIES

This program has operated for the past two years under extreme difficulties. When a cutback in faculty in the College of Education was mandated, the one full-time position in Therapeutic Recreation was taken from that area and since that time the Therapeutic Recreation program has operated with temporary faculty. Although the TR program is only a part of the total Leisure Services and Studies area, this situation has produced problems for the overall department. It has been necessary to operate the TR program at the undergraduate level only and also to classify it as a "limited access" program. It is recommended that FSU reach some decision regarding this program soon. This follow-up review would indicate that full-time faculty for this area of emphasis should be reinstated. In all other respects, the Leisure Services and Studies area is a good and effective program.

REHABILITATION SERVICES

The Rehabilitation Services program has changed in a positive way since the Allied Health Review of 1983. Grant funding has increased substantially in the four year interval and personnel changes within the Department of Human Services have strengthened the program. The Master's program has been altered to some extent through the combining of the case study courses and the course in Community Resources. These courses now are offered as a Practicum for two semesters. In the practicum, the students participate as counselors in the Human Services Clinics.

The Rehabilitation Services Program continues with limited faculty during the Summer session when the load is quite heavy, which weaken its effectiveness.

Because of the large number of handicapped individuals involved in the Rehabilitation Services programs, immediate attention should be given by the university to the improvement of access to the Stone Building. The building potentially presents safety hazards at this time and steps to remedy the situation is warranted.

HEALTH EDUCATION

Under the heading of School Health, the Department of Human Services offers programs in both school and community health. Although this area was not included in the 1983 Review, it seems appropriate to mention it now, since approximately two-thirds of the students in the program are preparing for Community Health positions. The program has two faculty members teaching at the undergraduate level. Major emphasis is placed on wellness programs.

MUSIC THERAPY

Music Therapy is offered through the School of Music and has just been accredited by the National Association of Schools of Music as a part of the total School. Reports indicate a good, effective program.

EXTERNAL CONSULTANT'S CLINICAL SITE REVIEW

Medical Technology
Department of Biological Science

The Department of Biological Science in the College of Arts and Sciences at Florida State University includes programs of study in most contemporary areas of biology and offers an undergraduate major in biological science. The preprofessional curriculum in Medical Technology is designed to meet the admission requirements of the Tallahassee Memorial Hospital School of Medical Technology and complies with Essentials adopted by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) and the American Medical Association Committee on Allied Health Education and Accreditation (CAHEA).

To become a certified medical technologist, the student must complete the FSU academic program followed by an approved twelve month internship in clinical medical technology. Thirty (30) semester credit hours are earned for the clinical program. Upon successful completion of the clinical program, the College awards a BS degree in Medical Technology and students are eligible to sit for the national registry and other national and state certification and licensure examinations.

The preprofessional requirements provided at FSU include a minimum of 16 semester hours of chemistry (with one course in organic or biochemistry), 16 semester hours of biological sciences (with one course in microbiology and immunology), and one semester of mathematics. As noted during the previous Allied Health Program Review in 1983, the academic curriculum offers no clinically-oriented courses.

Depending upon the degree plan pursued, the academic phase of Florida State University's medical technology program prepares students for either an internship in a NAACLS approved clinical laboratory or for admission to graduate programs in medical technology or related fields. Students must complete all university and program requirements before interning, but may take additional time in their university phase if desired. Students are strongly advised to complete a 12-month clinical internship at an accredited hospital. Entrance into these clinical internships is highly competitive.

The College offers two plans of study:

1. 3 + 1 Program -- This plan enables the student to earn a baccalaureate degree after completing ninety (90) semester hours at the University and thirty (30) semester hours in an approved twelve-month clinical medical technology program. All College and Program requirements must be completed prior to the clinical year.
2. 4 + 1 Program -- This plan is for students who intend to pursue advanced studies and wish to earn additional credit at the University prior to clinical training. The baccalaureate degree may be completed prior to clinical training.

Sixty students are currently enrolled in the FSU program; however, only approximately 20 are considered active, having maintained the minimum cumulative grade point average (GPA) of 2.5 required for internship.

The Program at FSU is currently in transition as a result of changing leadership. Dr. Robert Reeves has been serving in an interim capacity since the resignation of the Program Director in August, 1985. The search to fill the position has been completed and a new Program Director is expected to assume the position during late summer (1987). It is expected that the new Director will place greater emphasis within the curriculum on genetics and immunology.

Hospital Internship Course Descriptions:

Senior standing and acceptance into an approved School of Medical Technology is required to receive credit for the following internship courses:

MLS 4940. Clinical Medical Technology I (10). (S/U grade only.)
Clinical practicum in medical technology. Fall term only.

MLS 4941. Clinical Medical Technology II (10). (S/U grade only.)
Clinical practicum in medical technology. Spring term only.

MLS 4942. Clinical Medical Technology III (10). (S/U grade only.)
Clinical practicum in medical technology. Summer term only.

Students pay tuition to FSU for these clinical courses on the same fee schedule as other students enrolled in the University.

Florida State University affiliates with nine medical centers located throughout Florida for provision of the clinical phase of its Medical Technology Program.

Tallahassee Memorial Regional Medical Center
Tallahassee Memorial Hospital

Tallahassee Memorial Regional Medical Center is a private, not-for-profit 771-bed medical complex. The main hospital of the Medical Center, Tallahassee Memorial Hospital (TMH), provides patient care through outpatient services, the emergency room, routine medical and surgical units; specialty units in neonatology, pediatrics, oncology, neurology, orthopedics, urology, obstetrics; and medical, surgical and coronary intensive care units. The hospital maintains accreditation through the Joint Commission on Accreditation of Hospitals (JCAH).

Outlying facilities of the Memorial Medical Center include Long Term Care, Extended Care, Tallahassee Psychiatric Center, a Home Health Agency, a Cancer Treatment Center, and a Family Practice Residency Program. The Center is the sole provider of open heart surgery and cardiac transplantation for the ten-county Big Bend Region of North Florida and for South Georgia. Other services include ambulance service for the country and the Life Flight Helicopter Service.

Although not considered a teaching hospital, TMH sponsors educational programs in Radiological Technology, Medical Technology and Nursing, and provides clinical education as a major affiliate for several other allied health disciplines.

In addition to the Department of Pathology which sponsors the School of Medical Technology, two other departments at TMH visited during this review (Speech Language Pathology and Nutrition) participate as clinical education affiliates for Florida State University.

Clinical Internship
School of Medical Technology
Tallahassee Memorial Hospital (TMH)

The Medical Technology program is a twelve month learning experience structured within the Clinical Laboratory of the hospital's Department of Pathology. During the program, the student spends 40 hours a week in the laboratory, of which approximately six hours per week are spent in formal didactic instruction in the laboratory classroom. The remainder of the 40 hours are spent in a section of the laboratory with a registered medical technologist instructing the student in actual performance of laboratory tests. The clinical curriculum includes practice and theory in hematology, chemistry, immunology, microscopy, and microbiology. Lectures are presented throughout the year by pathologists and medical technologists.

Clinical Curriculum:

MLS 4860. Clinical Microscopy I (2-5). Lecture and laboratory instruction in such areas of clinical microscopy as urinalysis, medical parasitology, and histologic technique.

MLS 4871. Clinical Microscopy II (3-5). A continuation of MLS 4860.

MLS 4862. Clinical Hematology (5-7). Lecture and laboratory instruction in the fundamentals of hematology.

MLS 4864. Clinical Chemistry I (5-7). Lecture and laboratory instruction in the techniques and procedures for use in clinical chemistry analyses.

MLS 4865. Clinical Chemistry II (4-6). A continuation of MLS 4864 with emphasis on specialized procedures and advanced instrumentation for use in clinical chemical analyses.

MLS 4869. Clinical Microbiology (5-7). Lecture and laboratory instruction in the taxonomy, morphology, physiology, and biochemistry or medically relevant microorganisms.

TMH assumes primary responsibility for curriculum planning, selection of clinical course content, coordination of classroom teaching and clinical education, selection of teaching facilities and selection of students for admission to the program.

Each clinical rotation is evaluated separately. Lecture and laboratory each count for 50 percent of the grade on each rotation. In each section, a registered technologist is responsible for clinical instruction and evaluation. Evaluation assesses technical ability, clinical competence and affective behavior. Progress reports are sent to the University Program Director at the end of each term. TMH maintains during the practicum interim grades recorded on an "S/U" basis. The final course grades are assigned in accordance with the University grading scale. University and TMH program officials meet annually for program evaluation or as often as may be mutually beneficial for the conduct of the coordinated program. The Education Coordinator has final responsibility for exams, study questions and comprehensive student evaluations.

The terms of the affiliation agreement are comprehensive and provide a complete description of the Program in addition to the mutual responsibilities of the Medical Center and the University. Written guidelines and policies concerning the program are given to the students at the beginning of the program. Students pay no tuition to TMH and receive a stipend of $200.00 per month. They are responsible for purchasing their own lab coats and books.

The Program at TMH accepted its first students around 1977 and currently accepts new students twice a year. Five students (one minority) are now enrolled in the Program, three of whom are from FSU. Over the past five (5) years, 100 percent of FSU students have passed the registry examination. Among the applicants for the next entering class, seven are ethnic minorities. Enhanced minority recruitment is recommended.

The applicant pool for the program is relatively low, although there is a definite need for medical technologists in the North Florida region. Most of the graduates are employed within the region. TCH has hired approximately one-third of its own graduates and is therefore literally training its own workforce.

Clinical Nutrition Field Experience
Department of Nutrition & Food Science
College of Home Economics

The Department of Nutrition and Food Science, College of Home Economics, Florida State University, in cooperation with Tallahassee Memorial Regional Medical Center, is approved by the American Dietetic Association (ADA) to offer a six-month Advanced Degree Qualifying experience. This route to dietetic registration eligibility requires the applicant to earn an advanced degree. To be eligible for this qualifying experience, students must have completed the comprehensive examination for the Master's degree and must enroll in the course HUN 8945 Supervised Field Experience during two consecutive semesters for a total of six hours graduate credit.

Clinical Internship
Tallahassee Community Hospital (TCH)

The terms of the affiliation agreement have been negotiated between the sponsoring institution (FSU) and the clinical education center (TMH). At the time of this site review, the document required only the signature of the appropriate official at FSU to become effective. It is expected that the agreement will be signed by the CEO of TMH and the President of FSU. The contract includes, but is not limited to, such items as delineation of responsibility of both the sponsor and the affiliate with regard to program administration, performance standards, benefits, medical liability, student activities, clinical supervision, limits of liability, and a termination clause.

Pending finalization of the affiliation agreement between FSU and TMH, the program will accept initially only one student. Current plans are to accept the first student within one or two months. The maximum enrollment is projected to be four students with two being the more likely number. Students will spend 40 hours/week for the six-month period at the practicum site. The curriculum plan is competency based.

ADA Clearly defines the following competencies to be attained and the time to be spent in each area as follows:

Experience in Food Production - 80 hours

- Menu Planning
- Development of standardized recipes
- Food procurement
- Procedures for receiving and storing food
- Sanitation and safety
- Knowledge of equipment
- Supervision and distribution of food
- Development of modified diet plan
- Instruction of clients in application of diet utilizing a variety of educational methods and techniques
- Documentation of medical record
- Knowledge of role of nutritionist in local, state and federal agencies

Community Nutrition - 200 hours

- Knowledge of therapeutic and normal nutrition
- Recognizing similarity and difference in family, group and individual lifestyle in rural and urban cultures and technically undeveloped societies
- Basic understanding of research methodology

Personnel Management - 27 hours

- Review of policies and procedures
- Development of job description and job specification
- Employee interview, screening and selection
- Employee orientation
- Provision of in-service education
- Employee scheduling
- Quality assurance

Administration - 15 hours

- Familiarity of organization of the institution
- Kitchen layout
- Delegation and communication skills
- Financial management and budget

Clinical Nutrition Emphasis - 400 hours

- Application of the basic principles of nutrition
- Menu planning for individuals and groups
- Menu planning for regular and modified diets
- Evaluation of nutritional adequacy of menus
- Participation in team conferences on patient care
- Interpretation of information in medical records, including lab findings and diagnostic procedures
- Development of interviewing skills to obtain clients dieting, medical and social history
- Ability to affect adequacy of patient's intake.

Students will be expected to comply with hospital policies. The professional staff at Tallahassee Regional Medical Center consists of five registered clinical dietitians, in addition to the Chief Dietitian (who will also serve as Clinical Supervisor). Four of these staff have primary responsibilities in the main hospital (Tallahassee Memorial Hospital) and the others work in the outlying facilities (Tallahassee Memorial Psychiatric Center, the Long Term Care and Extended Care Facilities and the Dialysis Center). Considered a unique aspect of the program, the intern will have the benefit of working with dietitians in a variety of settings.

Site visits by FSU faculty to TMH are likely to be as frequent as 4-8 times over the six-month period. At the end of each rotation, there will be a major evaluation interview involving the student, the Clinical Coordinator (TMH) and the Education Coordinator (FSU). The tasks for which competency must be demonstrated are specified by ADA and are listed above. Written assignments will be required and assigned projects will be rated. Students progress will be discussed weekly. These data will then be translated into a grade of either Satisfactory or Unsatisfactory. The exit interview with the intern will be conducted by the academic (FSU) and clinical (TMH) supervisors. It will include a review of the entire practicum, the intern's evaluation of the experience, and an assessment of any areas of the clinical curriculum that might be improved.

Ms. Cindy Brodie, RD, will serve as Clinical Supervisor. She received a BS in Nutrition at Penn State in 1981 and completed the clinical nutrition internship at Henry Ford Hospital in Detroit, Michigan. From 1982-84, she served as Chief Clinical Dietitian in a New Jersey hospital where her job responsibilities were 60 percent clinical and 40 percent administrative. In 1984, she accepted the position of Chief Dietitian at TMH. At this time, her responsibilities are mostly administrative. Within the Marriott Corporation (through whom TMH maintains a food service contract), Ms. Brodie is a district Dietitian and serves as a clinical resource to five hospitals in the area. In this position, she is responsible primarily for clinical review of these facilities and for monitoring their compliance with federal regulations.

Speech-Language Pathology
Department of Communication Disorders
College of Communication

The Department of Communication Disorders in the College of Communication offers undergraduate and graduate education in the areas of speech, language, and hearing. The programs are designed to meet certification requirements of the American Speech Language Hearing Association (ASHA). The curriculum leading to the baccalaureate degree is designed as preprofessional education and satisfactory completion is required for admission to graduate programs in the department.

The Master's and Doctoral degrees are offered in audiology and speech-language pathology. At this level, clinical competency must be demonstrated. Nine to twelve (9-12) semester credit hours of clinical internship are required of all graduate students. Students must spend a minimum of 300 clock hours to complete the internship. This includes specific designated time in each disorder group.

The College offers graduate and undergraduate students an opportunity for clinical experience in a variety of settings and is responsible for scheduling and coordination of the internships. The selection of sites for clinical rotation is based on the student's interest and desire to practice in a specific area of emphasis.

Internship Course Description: SPA 5595. Internship in Speech-Language Pathology or Audiology (1-12). -- (S/U grade only) Intensive practical experience in the diagnosis and/or treatment of persons with speech-language and hearing disorders in service-oriented professional settings under the close supervision of persons who have clinical certification from the American Speech-Language-Hearing Association.

Clinical Internship
Department of Rehabilitative Services
Tallahassee Memorial Hospital (TMH)

The Speech-Language Pathology program at FSU is approximately thirty-five years old. An affiliation with Tallahassee Memorial Hospital (TMH) has been maintained for approximately seven years. In fact, the FSU program may have provided the impetus for establishment of the speech-language pathology component in the Rehabilitative Services Department at TMH. The clinical experience at TMH follows three semesters of graduate didactic coursework at FSU. Prior to internship, the majority of the student's clinical experience has been attained through the Speech and Hearing Clinic which is maintained by the Department of Communication Disorders on the FSU campus.

In addition to Speech/Language Pathology, the Rehabilitative Services Unit at TMH includes Occupational Therapy and Physical Therapy. One unique aspect of the clinical experience in this setting is the opportunity for students to observe and participate in interdisciplinary differential diagnostic conferences with staff in Physical Therapy and Occupational Therapy.

The affiliation agreement is negotiated between the Department of Rehabilitative Services at TMH and the Department of Communication Disorders at FSU and signed by the Chief Executive Officer at TMH, and the Dean of the College of Communications at FSU. It clearly defines the responsibilities and obligations of each party.

Three speech language pathologists, including the Chief of the service, comprise the staff of the speech pathology section. One student may be accepted each semester to insure individualized supervision. This limited student capacity helps to insure that the clinician has adequate time with each intern. Because practicum experience are provided at TMH for FSU student only, there are no conflicts in planning, organizing and evaluating the clinical experience.

At TMH, students are scheduled to spend 8 hours per day, 5 days per week for an entire semester in clinical activity, for which they earn 12 semester hours credit. The objective of the internship is to provide supervised instruction and clinical experiences related to the diagnosis and implementation of a therapeutic program for the communicably impaired patient. The intern's first assignment is observation of patient therapy.

Progression of the clinical experience is gradual and sequential. After the first few weeks and with the patient's consent, students then participate in the therapy with the clinician. As an intern gains competence and confidence, more responsibility may be assumed in patient treatment. Direct supervision is provided at all times. All therapy settings are equipped with two-way mirrors.

The practicum at TMH provides the student broad clinical experiences and ample opportunity for an individually supervised practicum in treatment and diagnosis. Examinations and evaluations are performed on both children and adults experiencing articulation and language dysfluency. Students also participate in the management of hearing-impaired individuals in aural rehabilitation programs. Diagnostic and treatment programs are also provided for laryngectomized and aphasic patients.

The caseload at Tallahassee Regional Medical Center (TRMC) is diverse. Aphasia represents 80 percent of the caseload in the department. In 1986, the patient load included 2,156 speech-related inpatient visits, 1,138 at the Extended Care Facility and 914 outpatients. Housed in the same building as the nursing home, the Extended Care Facility at TRMC has a 99 percent geriatric population. Ninety percent (90%) of the inpatient mix is adult. Of the ten percent (10%) miscellaneous cases handled, a significant number of the clients have been involved in automobile accidents. The outpatient case load is approximately 50 percent children and 50 percent adult.

Three hundred (300) practicum hours are required in the adult treatment area. It is sometimes difficult to match required experience in a specific disorder area to the actual patient load. The area of neurogenic communication disorders is considered a curriculum limitation. Dr. Carole Hardiman, Associate Professor, Department of Communication Disorders at FSU, schedules regular visits to TMH and monitors the accumulation of time spent in each required area of the clinical experience.

Students are apprised at the beginning of the internship of the guidelines, procedures, objectives and the methods by which they will be evaluated. Their orientation is similar to that for new employees in that they must become familiar with policies, procedures and protocol within the department and the facility. Students are expected to assimilate the information in the department's Procedure Manual early-on. Each student must present one in-service seminar which includes a patient's case history, a description of the disorder, and the course and outcome of the treatment.

Clinical evaluations are ongoing throughout the internship. Final grades are assigned by FSU. No examinations are given at TMH and the clinical supervisor is not expected to assign the student a letter grade for the practicum. Debriefing at the end of the practicum involves several interviews between the student clinical supervisor and other staff. Strengths and limitations of the clinical experience are considered at this time. To date, all students completing the clinical internship at TMH have excellent job opportunities and have received favorable recommendations for TMH.

The strengths of the TMH affiliation are: (1) the close supervision received by the students; (2) the alliance and collaboration which exists between clinical personnel at TMH and faculty at FSU; and (3) the opportunity for coordination of continuing education offerings between FSU and TMH. FSU co-sponsors, supports and awards ASHA approved continuing education units (CEU's) for these education programs. FSU students may take advantage of discounted fees for these offerings. The Chief of the service (clinical supervisor) at TMH lectures in the FSU educational program and participates each semester in Career Night at FSU. This career awareness session provides students an opportunity to become familiar with the clinical program at TMH.

During the seven-year period in which FSU has affiliated with TMH, there have been no minority interns. Enhanced minority recruitment is recommended.

Mr. Steve Bauer, MA, MBA, CCC/SL-P, Chief of Rehabilitative Services at TMH, serves as clinical supervisor of the internship. He earned the Master of Arts in Communication Disorders from Hofstra University in 1974 and the Master of Business Administration in Health Care from New York Institute of Technology in 1982-83. He is a certified speech-language pathologist, credentialed by ASHA. Mr. Bauer has 14 years of clinical experience and has been employed at TMH for two and one-half years. His previous experience includes twelve years at the Veterans Administration Hospital in New York City. During this time, he served as Coordinator of student activities in the Speech-Language Pathology Program. He is proficient in curriculum development, program planning and counseling. He is an avid proponent of one-on-one instruction and considers this opportunity for student contact one of the most positive and rewarding aspects of his job.

Therapeutic Recreation
Leisure Services and Studies
Department of Human Services and Studies
College of Education

The Therapeutic Recreation Program is a track of study offered through Leisure Services and Studies in the Department of Human Services and Studies, College of Education at Florida State University (FSU). The program is accredited by the National Recreation and Park Association (NRPA) and has a notable national reputation as one of the leading leisure/recreation programs in the country.

The undergraduate program in Therapeutic Recreation is designed to provide an understanding of human behavior, a basic knowledge of a variety of disabilities, therapeutic procedures, leisure program areas, and therapeutic recreation programming. The student is prepared to work with a variety of disabled persons. Certification of the baccalaureate-level graduate assures competency to practice as a recreation therapist on a team in a specialized school for disabled persons, a sheltered workshop, community agency, a rehabilitation center, a hospital a clinic, or in community education.

Two field experiences are scheduled during the junior and senior years of the curriculum. The practicum is taken during the last semester of the senior year. NRPA guidelines are followed for student placement. The practicum requirement in a therapeutic setting is one full semester (15 weeks) during which students are committed to work with an agency approximately 40 hours per week and complete a minimum of 600 clock hours. Students attend a prepracticum meeting to discuss practicum requirements, the application process and site selection.

Practicum Course Description: LEI 4940. Practicum in Leisure Services (15). Full time experience in a leisure agency under the supervision of a professional practice practitioner. May be repeated to a maximum of thirty semester hours.

Practicum in Therapeutic Recreation
Tallahassee Memorial Psychiatric Center (TMPC)

Tallahassee Memorial Psychiatric Center, an affiliate of the Tallahassee Memorial Regional Medical Center (TMRMC), is a 60-bed facility. Currently, 45 beds are occupied with a case mix of 15 geriatric, 15 adult, and 15 adolescent patients. Psychiatric services are provided through the Adult Inpatient Program, the Acute Medical Geriatric Program, the Adolescent Inpatient Program, the emergency Response Program (through the TMRMC Trauma Center and Emergency Room), and the Day Hospital (partial ambulatory hospitalization program).

Tallahassee Memorial Psychiatric Hospital has recently become affiliated with Florida State University (FSU) as a primary clinical training site for the Therapeutic Recreation Program. The facility became eligible to accept student interns only after a Certified Recreation Therapist was added to the staff. Students have been placed previously at various settings throughout the United States, the majority of which have been outside of Florida. The Center also accepts Recreation Therapy students from East Carolina University.

The approach to patient therapy at TMPC is a multidisciplinary and involves assessment and treatment provided by a staff team of nurses, psychiatrists, psychologists, physicians, recreation therapists, social workers, case managers, and mental health workers. Through comprehensive evaluation of the patient's needs, and determination of treatment objectives, this team of health professionals is able to focus therapeutic intervention from a variety of perspectives. Treatment at the Center is based on a holistic approach that deals simultaneously with the mental, physical, and social components of the individual rather than separating them. Individual, family, and group therapies are important parts of the treatment. Pet therapy (because animals unusually receive unconditional love) is also a viable part of treatment. In-service conferences help to reinforce the advantage of a team approach to patient treatment and management.

The language of the affiliation agreement complies with NRPA guidelines.

An impressive aspect of the practicum within this setting is the broad-based experience which is available to the interns. Each rotation presents a new opportunity for the student to gain an understanding and appreciation of the interrelatedness of recreation therapy to the other rehabilitative specialists.

Students are provided written guidelines outlining their responsibilities during the practicum experience. A course syllabus further provides a complete description of the experience. During the student's orientation at the Facility, the Practicum Supervisor discusses performance standards and helps students set goals and objectives for the clinical experience. Students are apprised of Facility policies and protocol and are subsequently governed and expected to behave in the same professional manner as employees.

Practicum students are generally assigned duties and responsibilities that are comparable to those performed by full time entry level employees. Close supervision is provided to assure a quality experience and to avoid malpractice and/or jeopardy of the agency's accreditation status.

The FSU Practicum Coordinator visits the Facility at least once during the practicum semester to monitor the intern's progress. The intern completes a daily log, submits a weekly written report to the Practicum Coordinator, and maintains a professional file. The student's ability to meet deadlines, their professional demeanor, and their attendance are assessed by both the Agency Supervisor and academic faculty (Practicum Coordinator). Students also participate in their own evaluations. Each student is evaluated at the end of every week and receives feedback as to his/her performance and progress. These enroute evaluations also serve as indicators of the quality and effectiveness of the practicum. The Agency Supervisor's evaluation accounts for 40 percent of the final course grade. Ratings given by faculty during the site visitations also constitute a part of the final grade. The letter grade for the practicum experience is assigned by the FSU Practicum Coordinator. The final grade is based on the student's weekly reports, professionalism, self-evaluation, the Practicum Supervisor's midterm, and final evaluations.

Mr. Dwayne Blackmon, CTRS, is Supervisor of Adjunctive Therapy and serves as the Practicum Supervisor for Recreation Therapy interns. He earned a baccalaureate degree in Recreation Therapy at East Carolina University, and is a certified Recreation Therapist, credentialed by NRPA.

Rehabilitation Services
Department of Human Services and Studies
College of Education

Undergraduate and graduate curricula are offered in Rehabilitation Services, through the Department of Human Services and Studies, College of Education, Florida State University (FSU), and lead to the Bachelor of Science, Master of Science, Specialist in Education, Doctor of Philosophy, and Doctor of Education degrees.

These programs in Rehabilitation Services are designed to prepare professional staff such as rehabilitation counselors, supervisors, and administrators to work with disabled persons in many public and private rehabilitation settings, including rehabilitation centers and/or agencies, mental hospitals, and school systems. The goal of rehabilitation services is to help disabled persons attain their maximum psychological, social and vocational adjustment. The disabilities encountered may be physical, intellectual, emotional, or sociocultural. Rehabilitation techniques include client assessment, counseling, training, placement, and utilization of community resources.

The undergraduate curriculum is broad-based and includes such activities as field trips, interviews with disabled persons, readings on various disabilities, counselor role playing, group discussion on the adjustment aspects of disability, and an internship in a rehabilitation/human service facility or agency. Employment opportunities for entry level (BS) rehabilitation specialists and rehabilitation technicians vary with different agencies such as privately supported rehabilitation facilities and state agencies (developmental services, family services, and mental health). Promotion to higher level positions in state vocational rehabilitation agencies frequently requires an advanced degree. Certification by the Commission on Rehabilitation Certification Counseling is required for employment only if a facility makes that stipulation.

The master's degree curriculum is generally five semesters in length, including a one-semester full time internship in Rehabilitation Counseling. The doctoral program is designed to prepare professionals for leadership positions in rehabilitation administration, supervision, education, and research.

The undergraduate field experience in a rehabilitation/human services setting is a full semester in length (10 clock hours per week). Also, undergraduates are required to complete a one semester, full time (40 hours per week) internship. Master's candidates are required to complete a two (2) semester practicum in Human Services and a one (1) semester, full time internship. Doctoral candidates have no fieldwork requirement.

COURSE DESCRIPTIONS:

EGC 4820r. Individualized Field Experience in Rehabilitation (3).

The field experience program in Rehabilitation Services Training at Florida State University is one of the most valuable and meaningful learning experiences in our training. It provides an opportunity for the student to gain first hand experience under the supervision and guidance of qualified and dedicated professionals in the rehabilitation field.

EGC 4880r. Internship in Rehabilitation (1-15).

A full semester internship in a human services setting represents an opportunity for all students to integrate the knowledge and skills they have learned in an agency setting under the supervision of a qualified counselor. One of the competencies identified by the Region IV Undergraduate Rehabilitation Education Committee was "the ability and awareness of how to conceptualize, actualize, integrate rehabilitation training experience in a professional setting."

EGC 5885r. Internship (6-12).

This course is designed to bring together in a working situation the student's knowledge, skills, attitudes, and philosophy. Through a series of planned learning experiences, internship enables the students to consolidate their knowledge and apply their skills and techniques to organize philosophy.

EGC 5942r. Practicum in Rehabilitation Counseling (4).

This practicum experience has been designed to give each individual pursuing the program in rehabilitation counseling an opportunity to apply, under supervision, much of the theoretical research knowledge which has been acquired during the initial part of the rehabilitation counselor education sequence. Specifically, the practicum has been designed to enable each student to organize relevant knowledge about human behavior so as to facilitate the ability of each individual seeking rehabilitation counseling to cope with his/her unique situation.

The Easter Seal Rehabilitation Center (ESRC) is one of several community agencies offering practicum experiences to students in the Rehabilitation Services Program.

No formal written contractual agreement exists between the ESRC and FSU. An affiliation agreement exists between the Department of Human Services and Studies and Tallahassee Memorial Regional Medical Center; however, most clinical sites utilized for field experience by the Rehabilitation Services Program are arranged through verbal agreements.

Rehabilitation Services Practicum and Internship
The Easter Seal Rehabilitation Center
Tallahassee, Florida

The Easter Seal Rehabilitation Center was established approximately thirty-five years ago. The residential facility makes available the following vocational training programs to individuals from the greater geographic Capitol area:

Through the Equipment Loan Closet Program, various equipment for home use is loaned, at no cost, to area residents who need wheelchairs, crutches, hospital beds, or other items on a temporary basis.

Camp Challenge is operated each summer for physically disabled children and young adults from Leon and surrounding counties.

The Tallahassee Discoveries in Life program provides a positive alternative to institutionalization for adults with medical needs.

The Clerical Multiskill Center trains individuals for employment in general clerical, clerical word processing and financial clerical positions. The training is designed for unemployed and/or underemployed, disabled individuals who lack the occupational, job coping and job seeking skills to obtain employment in entry level clerical and work processing positions.

This program includes instruction in the occupational skills and employability attitudes necessary to function productively on the job. Participants receive training in the areas of business math and English, office skills and procedures, coping skill, independent living skills and job seeking skills. Individuals are then offered the opportunity to specialize in one of the three occupational skill components. The program is taught in an office environment where appropriate dress and behavior are required so that students have the opportunity to develop the professional attitudes necessary for successful employment in the business world. The training is delivered through the use of the Control Data Corporation's Plato System which provides individually paced computer-based instruction.

The training is approximately 18 weeks depending upon the client's specific needs. This is accomplished by determining each person's vocational strengths and weaknesses in a simulated environment.

The Easter Seal Vocational Evaluation program is a part of the rehabilitation process which assesses an individual's physical, mental, and behavioral assets and liabilities as they relate to employment. Recommendations are included with the assessment findings to provide counselors direction to help the client achieve employment.

Work samples are used to measure aptitudes and work factors common to groups of occupations. Most of the work samples at Easter Seal are taken from the Valpar and Tower systems, two of the most widely used vocational evaluation systems. To supplement these systems, the Center develops other work samples to simulate tasks in the local job market. Time and examples of aptitudes and work factors measured by work samples include manual dexterity, finger dexterity, clerical perception, ability to work with numbers, organizational ability, and accuracy. The following tests and work samples are used at Easter Seal:

Basic Independent Living Skills
Vocational Interest Inventories
Mail Clerk
Sewing
Woodworking
Clerical
Electronics
Drafting and Drawing
Nurse's Aide
Simulated Assembly
Tri-Level Measurement
Independent Problem Solving
Small Gasoline Engine
Machine Shop
Household Wiring
Dexterity Tests

The Quincy Discoveries in Life program provides a positive alternative to institutionalization for adults with medical needs.

The Easter Seal Stroke Club provides support, social and therapeutic activities for stroke victims and their families.

The Job Readiness program teaches the employability and life skills necessary for obtaining employment.

The Purchase of Service program assists financially needy individuals with payment for therapy or equipment.

Disabled individuals are provided employment through Easter Seal Mailing Service contracts for first class, pre-sort, and bulk mail.

Psychological Testing is also available at Easter Seal. Currently, the Center has qualified personnel to conduct psychological interviewing and testing in the following areas:

1. Intellectual functioning
2. Personality assessment
3. Organic brain damage screening
4. Academic achievement

Through these programs, FSU interns have an excellent opportunity to gain experience in a variety of rehabilitation techniques.

Guidelines for the undergraduate and graduate internships are provided to the intern and the internship site by FSU. Policies in the ESRC Administrative

Manual apply to interns during their placement in the setting. The field work experiences are individualized (one-on-one) between intern and supervisor. The interns interviewed at ESRC are pursuing a Vocational Evaluation plan of study.

FSU faculty visit the Agency at midterm and again at the end of the semester. The Field Supervisor's evaluation of the student becomes a part of the final grade. Grading for the internship is Pass/Fail and the grade is assigned by the faculty member responsible for the internships.

The patient caseload at ESRC was stated to be approximately 50 percent ethnic minority. A significant number of clients seen at ESRC during the site visit were Black. Although student records were not available, staff recall less than five minority students in the past seven years have interned at Easter Seal Rehabilitation Center. This constitutes almost 50 percent of the interns placed there over the last seven years; nevertheless, enhanced minority recruitment is recommended.

The Agency Supervisor is Mr. Fred Slade. He holds a Master's degree and is a certified Vocational Evaluator. He has been employed at Easter Seal approximately seven years.

Conclusions

1. Florida State University (FSU) -- its academic divisions offer allied health programs and their associated clinical affiliates maintain current accreditation by appropriate agencies and show evidence that the didactic and clinical programs meet recognized professional standards.

2. With the exception of Rehabilitative Services, each program maintains a written contractual agreement with each Facility providing students a clinical/field experience. The agreements are signed by the appropriate officers and delineate clearly the responsibilities of each party with regard to program administration, benefits, liability, and financial arrangements, if any.

   The contract between the Rehabilitative Services program and the Easter Seal Rehabilitation Center has been arranged through verbal agreement.

3. Florida State University allied health program faculty approve clinical sites, coordinate the didactic and clinical curricula, monitor clinical activities assigned to the students to assume educational relevance, and award academic credit for the clinical experience.

4. Each program maintains a structured curriculum with a plan for a competency based clinical/field experience. Students are provided in advance with a description of the internship which includes the primary course objectives to be achieved during the affiliation and which may also describe guidelines, policies and procedures of the clinical affiliate.

5. All clinical experiences are supervised appropriately.

6. FSU faculty maintain schedules for regular visits to the clinical sites.

7. In addition to students from FSU, Tallahassee Memorial Hospital (TMH), Tallahassee Memorial Psychiatric Center, and the Easter Seal Rehabilitation Center may provide clinical/field experiences to students enrolled in other colleges or universities; however, resources are adequate at each site to support the number of students accepted. The Department of Rehabilitation Services at TMH accepts only FSU students for the Speech-Language Pathology internship.

8. All clinical staff supervising student clinical experiences have obtained practitioner competence through completion of approved professional programs that are registered and certified, and/or licensed health professionals in their respective fields. They are employed full time by the affiliating Facilities.

9. At all Facilities, it appeared that the available patient loads were appropriate for the required student experiences.

10. Evaluation systems are related to program objectives and employed at regular intervals to: (1) provide enroute as well as terminal assessment of student performance and (2) serve as an indicator of the effectiveness of instruction and course design.

11. Students, FSU faculty, and clinical supervisors at each Facility are involved in student and program evaluation.

12. Enhanced minority recruitment is recommended in all programs.

FLORIDA STATE UNIVERSITY

RECOMMENDATIONS:

1. Unless the restructured Allied Health Council can serve as a vehicle of coordination, the programs should be brought under a single identifiable administrative unit.

2. Arrangements should be made to revisit the Medical Technology Program in two years to review their progress.

3. Renovation and possible expansion of the Home Economics Building should be given high priority. In addition, administration should consider the feasibility of expanding Nutrition and Food Science to the Graduate level.

4. Communicative Disorders should be designated a Program of Emphasis within the State University System.

5. A complement of full time faculty in Leisure Services and Studies should be put in place.

6. Administration should consider providing a balance of adequate faculty to accommodate the year round demand of the program activities. The Stone Building needs modifications to increase access for handicapped individuals.

FLORIDA ATLANTIC UNIVERSITY

The two health related programs at Florida Atlantic University (Medical Technology and Health Administration) have maintained a stable enrollment over the past four and a half years. A cursory look at the programs might give the impression that little change has taken place since the initial Allied Health Review of 1983; however, upon closer examination, one can detect subtle changes which indicate real progress.

The faculty loads in both of these areas remain high. With only one person comprising the faculty in Medical Technology, the load and responsibilities are extremely heavy. The area of Health Administration, with 165 students currently enrolled, operates now with a faculty of three. The Health Administration program has the added problem of dividing its small faculty amongst the several campuses of FAU. In like manner, the Medical Technology program has the responsibility for monitoring and supervising clinical courses in seven different hospital settings. Perhaps these basic factors will in some measure provide the backdrop against which change and progress can be measured. At the present time, the Medical Technology program can be completed in approximately 134 semester hours; however, if a student takes the full twelve hours of foreign languages, rather than following the reading proficiency route, the total at graduation would be closer to 140 hours. It seems appropriate at this point to mention what seems to the reviewers to be an interesting anomaly, namely that medical technology students who will have minimal contact with the public are required to have a language proficiency, whereas health administrators who face the public daily (and consequently a number of individuals not fluent in English) are not required to have any foreign language proficiency at this time.

MEDICAL TECHNOLOGY

In summarizing the situation in Medical Technology at FAU, the following factors seem to be the most significant:

1. Change in administrative placement of the MT program from the Department of Chemistry to the Department of Biological Sciences is a sound move.
2. There is a high attrition rate in this field, but many of these student return to complete the program after having been out of school for a semester or more.
3. The extremely heavy teaching and advising load carried by the one Medical Technology faculty is preventing any attention to articulation with AS students from community colleges.
4. The program director should be on a 12-month appointment rather than the present 9-month. The only means for making it possible to offer Medical Technology courses and advising during the summer is to take the salary "out of the hide of others" in the department. The MT program is actually a 50-week per year program and the faculty position should correspond to the program.

5. There is a need for an additional faculty member for Medical Technology if this program is to continue to make a contribution to the health facilities in this area.

6. Students are high in their praise of the program but recognize that it could be better with additional faculty.

7. The use of the DRG's in hospitals is beginning to have the effect of limiting the number of places open to students in clinical settings. In the future, it is quite likely that universities will have to pay fees to hospitals and labs for student clinical experience.

HEALTH ADMINISTRATION

The Health Administration program continues to fill a real need in providing persons for middle management in health care facilities. Because of the large number of students in this program (165), it is strongly recommended that a fourth faculty line be made available to Health Administration. Such an addition would make the advising load more equitable and would also provide an additional field of expertise in another specialized field such as: health finance, gerontology, or similar areas.

Students expressed the feeling that more required courses in business should be a part of Health Administration rather than merely offering the business courses as electives. The required courses should include such materials as: health insurance, health finance, management policies, accounting, etc.

Across the entire health field at FAU, the tenure situation is improved; however, promotions for health faculty still depend to a large extent on particular research models, thereby making it difficult for faculty in applied areas to qualify for promotion.

After the visit to the FAU campus, it has been reported from another source that a program in speech pathology is being instituted as an option in Special Education, within the College of Education. It is suggested that the BOR staff may desire to determine more fully the purposes and content of this program.

EXTERNAL CONSULTANT'S CLINICAL SITE REVIEW

Medical Technology Program
College of Science, FAU

The Bachelor of Science and Medical Technology Program is accredited by the Committee on Allied Health Education and Accreditation and the American Medical Association through the National Accrediting Agency for Clinical Laboratory Sciences.

The following points should be made about the hospital based portion of the program.

1. The facilities participating are of the highest caliber with adequate physical facilities and space to accommodate the students.

2. The outstanding features are that the hospital teaching faculty is dedicated and enjoys the teaching aspect of their positions. This is fully appreciated by the students located throughout different sections in the hospitals.

Both hospitals visited had a large number of graduated students employed, but documentation that students are well prepared and prized by the hospitals as employees was not readily available. The Faculty commented that under the clinical phase of the program students were well prepared, and therefore, do not need to be reeducated to master the clinical aspects of medical technology.

Weakness--Although population in the region is growing, hospital occupancy has declined to approximately 50 percent. Laboratory volume is made up of outpatient testing. This is evidence that the clinical sites are vulnerable and one is unable to predict how the educational aspect can be financed. Many programs assist their clinical sites with funding of the educational portion of the program, which would currently be a problem for Florida Atlantic University since none has been budgeted. This is why investigation into innovative funding of education might be well worth while. The establishment of an "education foundation" that allows tax free contributions would be one way to bridge the gap of financing clinical education in hospitals.

Appreciation by the University to the clinical teaching faculty with "certificates of participation" in teaching would certainly reward the efforts which the clinical faculty put forth in the program. Also, it would reflect well on the program of Florida Atlantic University Medical Technology.

FLORIDA ATLANTIC UNIVERSITY

RECOMMENDATIONS:

1. The Program Directors in Medical Technology and in Health Administration should be extended 12 month contracts to meet the programs needs on a year round basis.

2. The addition of one faculty member in Medical Technology and one for Health Administration would go a long way to serve the demands of both programs.

UNIVERSITY OF CENTRAL FLORIDA

The University of Central Florida continues to offer one of the most comprehensive allied health programs in the State of Florida. This follow-up visit presents convincing evidence that there is a real need in the Orlando--Central Florida area for well prepared graduates of the outstanding School of Health. This geographic area is truly becoming a major health center and promises to become even more heavily involved in health affairs during the next decade. Consequently, if anyone should ask whether such programs as those offered by the UCF College of Health are an important part of the mission of this university, the answer would be a resounding "yes," but with the stipulation that the programs should be "first class." Unfortunately, such is not the case at the present time.

Some of the recommendations made in the 1983 review have been followed, particularly in meeting the pressing space needs evident at that time. Some of the recommendations have not been met, and as a result, the programs have actually slipped back during the past four years. This comment should in no way be interpreted as a reflection on the faculty or the new dean.

Those who review programs in a variety of areas have found that one of the most effective means of assessing programmatic quality is to compare them with other similar institutions. When this is done, UCF does not look strong. The equipment used for teaching is outdated in many cases, placing students at a major disadvantage when they go out on the job or into an internship. Advising loads are unusually heavy for the small faculty. The need for additional faculty makes it extremely difficult to provide adequate supervision of clinical experience. In several departments, more than half of the teaching is done by adjuncts. The items needed for improvement of these problems are essentially money and additional faculty.

Unless one gets the impression that there is nothing good about the health program, it should be noted that the dedication of this faculty to the tasks at hand is almost astounding under the difficult circumstances under which they are operating. The number of articles written for national journals has increased three-fold in the past four years and the number of papers presented has more than tripled.

The possibility of a contract with the new HMA hospital for psychiatric care will increase the opportunities for both students and faculty.

The ties with community agencies are a strong feature of the UCF programs. Articulation agreements have been developed to enable strong linkages between the community colleges and UCF College of Health.

Inasmuch as all of the seven programs within the College have virtually the same problems, it seems desirable to present the problems of the College as a whole rather than on a program by program basis. However, since the university administration requested an opinion as to priorities for staffing additions and other remedial measures, an attempt will be made to respond to this request, even though such a piecemeal approach is not likely to solve some of the most pressing problems of the total College of Health. The entire College is underfunded and every department and/or program is in dire need of additional support.

Based partially on an analysis of the contact hours carried by faculty members in the various programs, and on the basis of programs not being offered by other institutions in the SUS at this time, the Radiographic Sciences would come first in terms of priority for funding. The intolerable teaching load of 4,897 contact hours carried by 1.05 FTE and adjuncts should be corrected immediately, or the program should be taken over by another institution. The need for assistance is shared by the other departments; however, next to Radiographic Science would come Medical Records Administration, Medical Laboratory Science, and Health Sciences. Although the College has managed to increase significantly the contribution of external dollars (from $2,200 in 1983-84 to $328,342 in 1985-86), it cannot generate the appropriate state of the art equipment required for quality clinical education. Consequently, in addition to added faculty positions, the OCO budget needs immediate bolstering.

Problems of promotion and tenure continue to diminish faculty morale, since the faculty feels that the excessively heavy teaching and advising loads leave little time for research and writing, factors still held by UCF as major determinants in promotion and tenure considerations. The excessive loads leave little or no time for minority recruitment efforts.

It should be noted that so far as can be determined all programs in health at UCF require more than 130 hours for completion, due in part to the foreign language and/or language proficiency requirements.

Finally, the question must be raised whether it is appropriate at this time to pursue a bachelor's degree program in Health Sciences when there are other pressing needs in the other health areas, and when there are other baccalaureate health sciences programs in the SUS.

EXTERNAL CONSULTANT'S CLINICAL SITE REVIEW

College of Health, UCF

Background. The allied health education programs in the State University System of Florida were initially reviewed by the Board of Regents in 1983. All such programs are subject to re-review in 1987. This report constitutes a part of the re-review of the programs offered in the College of Health, University of Central Florida.

This report is limited to a review of the quality of off-campus clinical sites utilized by the respective programs in the College of Health. This area was apparently not covered in detail in the 1983 review.

The academic programs at the University of Central Florida re-reviewed were: 1) Cardiopulmonary Sciences, 2) Communicative Disorders, 3) Health Sciences, 4) Medical Record Administration, 5) Medical Laboratory Sciences, and 6) Radiologic Sciences. The dates of the site visits for the review were July 6 and 7, 1987.

Methodology. The writer was provided the following materials well in advance of the site visit: 1) a series of questions in two parts: "Clinical Site Visits/Framework of Questions" and "Self-Study Questions," proposed by the State University System, 2) responses to the above prepared by the program authorities at the University, 3) University catalogues and descriptive brochures about the academic programs, 4) a draft copy of the 1983 Review Panel's Report, 5) curriculum vitae of the respective faculty, 6) lists of affiliating institutions by allied health programs, and 7) sample copies of affiliation agreements. The writer also utilized the data reported in the 1986 edition of the American Hospital Association Guide to Health Care Field (AHA Guide), which is a comprehensive annual directory of hospitals and related organizations detailing services provided by geographic area.

The review was accomplished by studying the materials noted above prior to the site visit, followed by conversations and discussions with key University and College officials, including academic program heads, faculty members, and students during the site visit. The latter group (students) was particularly desirable because they included students who have experienced off-campus clinical assignments.

Limitations. The two limitations of the review were, obviously, the brevity of the site visit and that time was not available to visit any of the clinical locations. Recognizing the considerable number of off-campus clinical affiliations utilized (107 affiliations in all, excluding nursing), the latter limitation is not considered an important detraction from the scope of the inquiry.

Conclusions. It is very clear to this writer that the availability of off-campus clinical sites to the College of health is a tremendous advantage to the allied health programs. The availability of clinical resources in the immediate Orlando-Orange County area alone (eight free-standing general medical-surgical institutions with over 3,000 inpatient beds) is awesome to contemplate. This circumstance makes the UCF the envy of many academic health science centers in the country.

It is equally clear that College personnel have very strong ties to their clinical affiliates. It is noted with pleasure that the 107 plus affiliates frequently compete with each other to have students in their institutions. The writer concurs with the observation contained in the 1983 Report, specifically from page 34: "3) The ties to hospitals that are of the highest quality are real strengths."

Nonetheless, a problem does exist and it relates the ability of the faculty to closely monitor the experiences their students receive while off campus; clearly a University responsibility. All but one of the departments have indicated that they are satisfied with the existing arrangements, having had some difficulties in the past. The medical records administration faculty however, expressed their inability to follow up with off-campus site visits when their students are at the affiliates, due to a lack of faculty. When one considers the small number of faculty assigned to this program, one must agree with their concern.

Undoubtedly, the availability of clinical education opportunities and the strong ties between them, College administration, and faculty are true strengths of the College. That both of the above have further expanded since the 1983 review is also noteworthy. The faculty and administration are commended in this regard. The blemish noted above about medical records administration should be rectified.

UNIVERSITY OF CENTRAL FLORIDA

RECOMMENDATIONS:

1. With the entire college underfunded and understaffed, the first order of business for administration is to provide an adequate level of funding and a critical mass of faculty for each of the allied programs; otherwise the future stability of the college will be put in jeopardy.

2. State-of-the-art equipment should be secured to enhance the quality of clinical education.

3. Once funding, staffing, and equipping issues are resolved in the college, steps should be taken to adjust workloads for faculty to pursue research, promotion, and tenure opportunities.

4. Efforts to develop articulation agreements between the college and AS transfer are commendable and should continue to be encouraged and nurtured.

UNIVERSITY OF SOUTH FLORIDA

It is encouraging to see what substantial progress an institution can make in strengthening its allied health programs when there is a general climate of top administrative understanding and support for these programs. Even though the departments offering allied health programs within the University are still offered under the auspices of several colleges and departments, there is a continuing effort on the part of the University Administration to build bridges amongst the several programs. With the coming of a new Vice President for the Health Center, it is anticipated that the chasm which prevailed between the Medical Center and the remainder of the University can be further reduced. It is also recommended that, as soon as is practical, the Vice President of the Health Center proceed with studies of the need for and the feasibility of establishing programs in such fields as physical therapy, occupational therapy, and others. The general administration of USF has already expressed an interest in exploring the need for the development of a five-year integrated undergraduate and master's program in physical therapy.

MEDICAL TECHNOLOGY

The greatest need of USF is for state "targeted" funds and/or more flexible funding for the support of the allied health programs. This additional support is urgently needed for the Medical Technology program which is currently a "misfit" in the Department of Chemistry. Although there is no antagonism to the MT program, the charge of the Chemistry Department is to move with dispatch toward a research department of distinction. As a result of this objective, the MT program does not hold a high priority. Even with only one full time faculty member, the MT program is twelfth in the nation in terms of student productivity. The present program director has developed a good, strong 3 + 1 program; however, his teaching and advising load are almost beyond belief. In addition to these factors, he is presently engaged in the preparation of proposals to manufacturers to request contributions of equipment to the department. These attempts to stay "current" even under adverse conditions are commendable. It is recommended that when there can be several departments which might be appropriate to bring together in one allied health division, the MT program should be one of these, and perhaps such programs could become a part of the USF Health Center.

REHABILITATION COUNSELING

The Department of Rehabilitation Counseling continues to be a strong, active program. It is particularly noteworthy that this department has inaugurated a unique Minority Concentration in the rehabilitation area. The plans of the department to add women to the faculty both on the USF and Fort Myers campuses also deserve commendation. However, with four members of the faculty retiring within the next few years, it is important that these positions be filled with high quality individuals. The future strength of the department and its potential for offering a doctoral program in Rehabilitation Counseling are dependent upon the support the university is able to provide in staffing the department in the next few years.

Two areas of success should be noted: (1) Traineeships for disabled and minority students, and (2) the growth and development of the Fort Myers program.

One pressing essential which still exists in this department is the need for additional secretarial support staff.

DEPARTMENT OF GERONTOLOGY

The Department of Gerontology has developed quite rapidly and in a very sound manner. Being one of the outstanding departments in the nation, Gerontology has become a discipline in its own right. In view of the department's progress, the University of South Florida has submitted a proposal to the Board of Regents for consideration to offer the Ph.D. in Gerontology and it is likely that a recommendation will be forthcoming from the Board of Regents as early as February, 1988.

The faculty of this department are highly qualified and are most productive in teaching, research, and service.

The Department of Gerontology was begun in 1967 and at that time was called the Institute on Aging. It was one of the first two degree-offering programs in Gerontology in the United States--the other program at North Texas State University in Denton, Texas, focuses on long-term care.

The University of South Florida was awarded $43,552 in 1967 to initiate a curriculum in Gerontology. The first master's degree students graduated in December 1969 and the program continued as the Institute on Aging until 1970 when it became the Aging Studies Program. In 1980, the Aging Studies Program became the Department of Gerontology in the College of Social and Behavioral Sciences. The most recent change was the addition of a bachelor's degree program, begun in September of 1983.

The Department has received more than $1.3 million in support from the Administration on Aging over the years and now has a six-member full-time faculty (plus three faculty with joint responsibilities) with a multi-disciplinary background and several adjuncts from a variety of areas including Management and Nursing. The Department is also responsible for eight courses in Human Services included in the College of Social and Behavioral Sciences offerings. In addition, the Department developed the Center for Applied Gerontology which administratively is in the Human Resource Institute. The chairman of the Department serves as Director of that Center.

Annually the graduate program attracts a number of out-of-state students and at last survey, graduates were employed in 26 states, Canada, Iceland, Guam, and Puerto Rico. The Department has received considerable acclaim as a pioneer in the development of education for gerontologists.

Other major USF centers and programs which related to and collaborate with the Department of Gerontology are as follows:

1. International Exchange Center on Gerontology, a systemwide institute funded by the State of Florida. The Exchange Center was developed as one of the projects of the Center for Applied Gerontology working with the consortium of Florida Centers on Aging. The Director holds an appointment in the Department of Gerontology.

2. Suncoast Gerontology Center in the College of Medicine. The chairman of the Department of Gerontology served for two years as Associate Director of that Center as it was developed and members of the faculty collaborate on both teaching and research at the present time.

3. The Human Resources Institute is a research institute within the College of Social and Behavioral Sciences. The Director holds an appointment with the Department of Gerontology.

4. The College of Nursing now offers a Master's degree in Gerontological Nursing. The staff director and one other primary staff member, who already hold doctorates, received their Master's in Gerontology from the Department of Gerontology as a part of their background in developing this program.

5. The Division of Geriatric Medicine which is a division within the Department of Internal Medicine at the Medical School. Members of the Department of Gerontology participate in lectures in medical education.

6. Florida Mental Health Institute which has both residential and non-residential treatment program in Gerontology, has employed graduates of the Department of Gerontology and serves as an internship site. In 1973, the present chairman of the Department of Gerontology served as the first Director of Gerontology Programs to initiate activity in that area when the Mental Health Institute was being planned.

7. The Life-Long Learning Center in Continuing Education; the Director of Gerontology continues the development and current provision of two open University courses on aging.

DEPARTMENT OF COMMUNICOLOGY

The stability of this program and its highly motivated faculty are real strengths. The department offers strong academic and clinical programs to a well qualified group of students. The clinic activities also provide a real service to the community.

It is encouraging to note that fees are now charged for clinical services and these fees are utilized for travel to professional meetings, purchase of test materials, repair of equipment, and other things of benefit to the total department.

This program was recently reaccredited by ASHA through 1991, indicating the high quality of the department.

The equipment needs noted in the 1983 review have been partially met through a major OCO appropriation last year. These funds have been supplemented by gifts and contracts.

The Department enjoys good relationships with a variety of clinical sites and with the possibility of the McDonald Training Center coming to the campus adds one more plus factor to the strength of this area.

The innovative program (Weekend College) is providing excellent opportunities for bachelor's level, working teachers to upgrade their skills in speech pathology and acquire a master's degree.

A need still exists in this area of communicology for more attention to minority recruitment. This, it should be noted, is a general nationwide problem and is not peculiar to this university.

The interdisciplinary doctoral program, offered with the Department of Psychology, does not appear to be attracting students; and it is suggested that the University may find it beneficial to review the program soon to determine whether it should be retained, altered, or dropped. In the event this degree is dropped, a new doctoral degree in Communicology seems appropriate.

CLINICAL CHEMISTRY

Although the enrollment in this program is relatively small, it is, nevertheless, an important program. It is directed by the same individual who is charged with the responsibility for the Medical Technology program. Consequently, his total load is tremendous. The Clinical Chemistry program is operating smoothly but needs immediate support in terms of added manpower, secretarial support, and equipment.

EXTERNAL CONSULTANT'S CLINICAL SITE REVIEW

Site Visitation: Communicology 3, Gerontology 3, Medical Technology 2, Rehabilitation Counseling 3. Conducted on August 3 and 4, 1987

Charge and Evaluation Procedures: From the 1983 Allied Health Program Review it was determined by the Board of Regents that in addition to reviewing the academic validity of allied health programs in 1987, clinical affiliations should also be reviewed. Directors of four Allied Health Programs on the University of South Florida campus were asked to submit a list of representative clinical affiliations for review. Dr. Edward Silbert, Acting Dean of Social and Behavioral Sciences, selected the sites to be visited by Dr. Yoder.

Dr. Yoder was provided a representative list of questions to cover with each clinical affiliate supervisor. The Site Visit Summary along with recommendations follows:

Communicology (Speech/Language Pathology & Audiology

Sites: 2 Community Agencies and 1 Veterans Administration Hospital

Contractual Agreements: Contractual agreements or letters of agreement are entered into, providing the affiliating agency requires one. Consequently, only the VA Hospital site has entered into a contractual agreement in the case of the three (3) programs visited.

Supervisor Qualifications: All supervising personnel hold the MS degree and either the Certificate of Clinical Competence in Speech/Language Pathology or Audiology from the American Speech-Language-Hearing Association. The supervisors are all very committed to the internship program.

Supervised Clinical Experiences: Broad clinical experiences are provided the graduate interns appropriate to the clinical site. State-of-the-Art technology is available for student learning. Students are supervised exclusively by on site personnel with phone conferences being held regularly with USF faculty regarding student functioning and concerns.

Evaluation of Interns: Grades and an evaluation form are forwarded at the end of the clinical affiliation by the on site supervisor to a faculty member in the Department of Communicology. Personal conversation via the phone are are also held regarding evaluation. Students also meet regularly with assigned on-campus faculty to discuss their assigned clinical case load at the affiliate site.

Exit Interviews: Students meet with the on site supervisor for a final review of their work and have opportunity to give feedback for future improvement of the experience.

Recommendations:

1. Formal agreements should be established with each clinical affiliation regardless of whether the agency requires it. Such memoranda should minimally include.
    a. Objectives of the clinical affiliation
    b. Expectations of USF faculty regarding supervision, evaluation, etc.
    c. Expectations of Clinical Affiliate personnel regarding supervision, evaluation, etc.
    d. Expectations of students
    e. Liability
    f. Student termination and due process policies
    g. Compensation for supervision, e.g., tuition free courses

2. More on-site visit by a USF faculty member to observe the student in the clinical affiliation and to consult with on site supervisor.

    3. A program to compensate supervisors for their efforts and expertise needs to be spelled out, i.e., if USF can offer a tuition free course once a year which provides an inservice with Continuing Education Credits for supervisors, or the like, it would assist in helping supervisors upgrade their skills and also provide a Public Relations factor of great value.

4. In spite of the last of contractual agreements with each clinical site, and regular site visits by USF faculty, the representative affiliations observed are very good and appear to be effective.

Gerontology

Sites: Private (Federal subsidy) and State Supported Agencies.

Contractual Agreements: Each site has a well written agreement which clearly spells out the expectations of the affiliate agency and USF.

Supervisor Qualifications: All individuals interviewed met the necessary education and licensure requirements of the State of Florida to meet the program requirements. All were enthusiastic about having the opportunity to work with the interns and the Gerontology program at USF.

Supervised Experience: Interns have the opportunity to be involved in a wide variety of experiences with each agency. The individual agencies reviewed were quite unique and different from each other, but were judged as providing top of the line experiences for their interns. USF faculty make regular on site visits to supervise interns and to interact with the supervisory personnel of the agency.

Evaluation of Interns: Supervisors submit a midterm and end of term evaluation to the Chair of the Department of Gerontology and also provide an "S" (satisfactory or "U" (unsatisfactory) mark. The agencies were highly complimentary of all the interns with whom they have worked, and they each have hired a number of them on their staff following graduation.

Exit Interviews: Interns have final conferences with the agency supervisors, and there is opportunity for them to give feedback on their experience.

Recommendations:

1. Agencies felt they could handle additional interns.

2. One agency supervisor (Hillsborough) requests more direction from USF faculty supervisors regarding expectations for the experiences the agency offers.

3. The consultant recommends some type of compensation be offered supervisors for their time and expertise: a tuition free course or a workshop for Continuing Education Credit or the like.

4. Clinical affiliations are considered strong and meet the needs of interns.

Medical Technology

Sites: 2 Hospital Schools of Medical Technology

Contractual Agreements: Elaborate and detailed agreements have been worked out between USF and the hospital programs. The 3 + 1 program requires that all the laboratory experience for the Medical Technology degree be acquired in an off campus accredited (CAHEA) program.

Supervisor Qualifications: Due to the nature of these affiliations, the multiple instructors and laboratory technical faculty are all appropriately credentialed (MR; ASCP).

Supervised Laboratory Experiences: All the laboratory experiences are specified as part of the degree program. Both hospital programs visited have state-of-the-art technology, but also provide students the experience (education) of manual methods.

Evaluation of Students: Students complete a 30 semester hour program at these affiliate sites. Grades are given by the respective faculty and transferred to USF to meet the BS degree requirements. Director of the Medical Technology Program at USF has regular contact with the Education Coordinator at each of the Medical Technology Schools.

Recommendations:

1. Both education coordinators recommend that entering students have a stronger background in hematology and blood bank. They would like to see less emphasis on analytic chemistry and physics as background and more of the former.

2. There is a critical need to recruit more students into the program. Currently only one student is affiliated with Bayfront and three with Tampa General Hospital. The consultant would recommend at least $2,000 - $3,000 be invested in an aggressive recruitment effort if this program is to survive.

4. Laboratory sites are judged as outstanding.

Rehabilitation Counseling

Sites: 2 private agencies and 1 hospital rehabilitation center

Contractual Agreements: A formal contractual agreement has been established with each agency, and reflects the expertise offered in each of the programs.

Supervisor Qualifications: Each supervisor interviewed holds the MS degree and is a Certified Rehabilitation Counselor (CRC).

Supervised Experience: Because the two private agencies specialize in Workman's Compensation, the experience interns gain in those sites is related broadly to the problems of those agencies. The hospital site provides a very broad experience across the life span and disability areas. In all three agencies, there was a very strong commitment to excellence and a high expectation of top quality performance of each intern. Interns are interviewed prior to acceptance to the clinical site.

Evaluation of Interns: Evaluation forms are submitted to the USF Department of Rehabilitation Counseling twice during the affiliation, once at the midway point and the second at the end of the experience. No grade is given by the agency supervisor. There is no on site supervision by a USF faculty member. Interns are interviewed for their placement in a manner such as would be done for employment. Interns receive a stipend for their work.

Exit Interviews: Interns provide feedback to agency supervisors relative to their experience.

Recommendations:

1. More background in: legal aspects and litigation; private rehabilitation; laws regarding workmen's compensation; advanced medical information; how to deal with resistant clients; medicare guidelines, and what different health care professionals do, i.e., OT, PT Speech Pathology, Audiology, psychology, social work, etc.
2. More formal and regular visits to the agency sites by USF faculty would be useful.
3. The consultant recommends some type of compensation be offered the agency supervisors for their time and expertise. A tuition free course or a workshop of special interest offering Continuing Education Credits would be good.
4. Representative sites are judged to provide interns with a very high quality experience.

UNIVERSITY OF SOUTH FLORIDA

RECOMMENDATIONS:

1. When appropriate, the complement of allied health programs should come under a single administrative unit, closely aligned with the health center. Once these programs are adequately supported and housed under an identifiable unit, administration needs to consider the feasibility of establishing programs in Physical Therapy and Occupational Therapy.
2. With the heavy workload of faculty, additional faculty should be allotted to Medical Technology and Clinical Chemistry.

3. In view of the outstanding progress of Gerontology, the time is appropriate to consider authorizing approval of the Ph.D.

4. Support personnel requirements need to be closely examined.

5. Equipment needs to be revisited periodically to ensure that the quality of clinical education is being met.

FLORIDA INTERNATIONAL UNIVERSITY

Substantial progress may be noted in the allied health field at Florida International University since the 1983 Review. Perhaps the most significant change is the establishment of the School of Health Sciences in July 1985. This administrative change enabled the health sciences to have greater visibility on campus and in the community. The Departments of Physical Therapy Occupational Therapy, Dietetics and Nutrition, Medical Laboratory Sciences, and the certificate program in Prosthetics and Orthotics comprise the new school. The Department of Health Services Administration and the program in Medical Records Administration remain parts of the School of Public Affairs and Services.

The departments and programs in the FIU health sciences have exhibited excellent understanding of the recommendations included in the 1983 Review, and have made substantial progress, even though the funding for these programs and the allocation of space commensurate with the growing research efforts have not been fully recognized by the University administration.

Virtually all of the FIU undergraduate health science programs require more than 130 hours for completion. The faculty members have analyzed the required credit load, but feel it is impossible to decrease the requirements and still meet the standards for accreditation and maintain the quality of the overall program.

It is encouraging to note that the new administration of FIU is considering the possibility of bringing together all of the health related programs in one administrative unit, a suggestion advocated in the 1983 Review process. Such a move would assist materially in making the School of Health Sciences an even more meaningful presence in this region of the state.

DEPARTMENT OF DIETETICS AND NUTRITION

The Department of Dietetics and Nutrition continues to be one of the strong departments, not only within FIU, but also amongst the health science programs of the SUS. The faculty of this department have expended their research and scholarly activities since the 1983 BOR review. The addition of food service computer programming, through one of the three national grants, attests to the strength of the department and enables students to utilize this state-of-the-art technology. Clinical sites continue to serve the program quite effectively.

The Home Economics HEGIS designation (HEGIS #1306) continues to constitute a problem for this area in terms of recognition and funding. The Department of Dietetics and Nutrition is no more a part of home economics than is civil engineering or political science.

This inappropriate designation adds to the dilemma that allied health programs face because of the FTE funding base of the SUS. This department with its different approach to nutrition and dietetics should not be expected to meet university expectations for enrollment in order to justify faculty members. Perhaps one of the answers not only to this problem but also to other health science programs in the SUS is to develop some additional form of "programmatic funding," particularly for clinically based health science programs.

Present faculty is not entirely adequate in terms of numbers to offer the current undergraduate and master's programs. The proposed Ph.D. in Dietetics and Nutrition is a soundly conceived program, and there is a real need for this level program in the Southeast Florida area; however, the SUS and the Florida International University administration must show their commitment to the program in terms of funding for additional faculty and additional laboratory space if such a program is to succeed.

The doctoral program is needed and should be started as soon as practical.

DEPARTMENT OF MEDICAL LABORATORY SCIENCES

The Department of Medical Laboratory Sciences is another of the departments at FIU which has made real progress since the 1983 BOR Review. There is stability of faculty within the department, and the growing need for medical technologists in Southeast Florida indicate that the time is right for the consideration of a Master of Science degree in Medical Laboratory Sciences. The addition of a Ph.D. faculty member since the 1983 review materially strengthens this program. The one persistent problem is that of providing adequate research laboratory space. While faculty can perform limited research in the teaching laboratories, it is difficult to set up and take down research equipment on an almost daily basis. It is strongly recommended that consideration be given to the physical placement of the MLS program adjacent to biological sciences, thus facilitating the sharing of expensive research equipment and avoiding duplication of facilities. Such equipment as ultracentrifuges, high performance liquid chromatographic systems, and such facilities as tissue culture sterile rooms, animal facilities, etc., fall into the categories of FIU health science needs. Collaborative MLS research with biochemistry, immunology, and molecular biology has the potential for attracting NIH medical research funding.

This MLS program has had full accreditation for a number of years and the 1986 visit by NAACLS/CAHEA resulted in a full five-year accreditation.

This review indicates that there is a need for the MS in Medical Laboratory Sciences and this department is fully capable of handling such a program. The program should be implemented when space allows.

DEPARTMENT OF OCCUPATIONAL THERAPY

The Department of Occupational Therapy, in April, 1987, received a six-year accreditation renewal from the American Occupational Therapy Association in conjunction with the American Medical Association. The visiting team was high in its praise of this department, and noted that the curriculum and course of study continue to be modified to stay current with rapid changes occurring in health care delivery. For example, a course in "Theories of

Personality" is now a required prerequisite to prepare students more effectively for coursework in occupational therapy practice in psychiatry.

This department is in the process of seeking permission to offer the Masters of Science in Occupational Therapy. This follow-up review will indicate that not only is there a need for graduate work in this field, but the department itself has prepared most effectively for a new graduate level program. The graduate degree is strongly recommended for this area. The program should be implemented when space allows.

Through a University program to increase the use of computers, the Department has received personal computers for the faculty. Additional computers have been obtained through grant funds, so all faculty and the secretaries have computers.

The Department continues to sponsor continuing education activities for practicing occupational therapies in the region. Students from FIU's occupational therapy program are highly regarded by these practitioners and by their employers.

The most pressing problem being encountered by this department is in the area of faculty recruitment, due primarily to the shortage of occupations therapists who hold doctoral degrees. Another problem is the limitation on funds for acquisition of equipment.

Receipt of a Health Careers Opportunity Grant (HCOP) has permitted the establishment of a recruitment and retention program for minority students. Strong efforts have also been made to strengthen the gerontology pattern for the occupational therapy students.

CERTIFICATE PROGRAM IN PROSTHETICS AND ORTHOTICS

The program in prosthetics and orthotics offered in the School of health Sciences is relatively new and perhaps deserves some background information in order that readers of this follow-up review may fully understand its role and mission. In preparation for this review visit, the following statement was prepared:

In 1982, the University was awarded a three year training grant (1983-86) from the Rehabilitation Services Administration to initiate a Certificate Program in Prosthetics and Orthotics (CPPO). As of Spring, 1983, only nine institutions offered programs in orthotics and prosthetics within the United States, and of these, only three offered a baccalaureate degree.

Geographically there existed a great need within Region IV for a prosthetic/orthotic educational program as none was available south of Memphis and east of Dallas. The State of Florida's population increased 43.4 percent in the past decade, with a population count in the 1980 census of 9,740,000. This rapid growth in population has created a disproportionate shift in state-wide and local demand for prosthetic and orthotic services because of the large elderly component in the state's population.

In 1984, the required faculty and the Director, a prosthetist/orthotist with a master's degree in bio-engineering and experience in clinical and research prosthetics and orthotics, were appointed for the CPPO. The principal instructor, also hired at the time, was a local practitioner in prosthetics and orthotics with extensive professional experience. Most recently, the faculty has been extended by an orthotist (visiting) whose areas of special interest have added breadth to the existing orthotic curriculum.

The CPPO is administratively part of the Occupational Therapy Department and is housed within the Sciences Building, Owa Ehan. Since the institution of the CPPO, the American Board for Certification in Orthotics and Prosthetics (ABC), has adopted a policy that establishes the baccalaureate degree as the minimum requirement to sit for the national certification examinations. To ensure conformity with national mandates, the CPPO has submitted proposals (feasibility, planning and implementation) for a Bachelor of Science in Prosthetics and Orthotics. The Implementation Proposal has received internal approval and is expected to be reviewed at the next Board of Regents meeting October/November 1987. Proposed implementation is January 1988.

To date, the CPPO has passed many milestones in its development. All of the prosthetic and orthotic course offerings have been accepted into the statewide system; valuable collaborative clinical links have been made with local rehabilitation centers; a contractual agreement is being established with the University of North Carolina, Chapel Hill, to admit students from their University into the program; faculty are advancing in their study of computer application to the design of prostheses; the first class was graduated in Fall 1986, and are all employed; the program has held its first continuing education course and has several more planned for Fall 1987.

The most pressing problems facing the prosthetics and orthotics program at this time are the implementation of the baccalaureate degree and the attraction of qualified faculty needed to expand this program. At the present time, there are few such programs in the nation (Northwestern, NYU, and UCLA), and relatively few individuals have been able to receive preparation enabling them to serve in faculty positions. The approval of the degree for this program is essential in order that graduates may be assured they will not be placed at a disadvantage in comparison to other professionals in the clinical environment. The baccalaureate degree is also necessary to bring this institution into accord with national certification requirements.

At such time as the program is approved to offer the baccalaureate degree, it is recommended that it be removed administratively from the Department of Occupational Therapy and be designated as a separate department within the School of Health Sciences. The program should be implemented when space allows.

DEPARTMENT OF PHYSICAL THERAPY

Since 1983, the Department of Physical Therapy has undergone several significant changes in the areas of staffing, student recruitment, faculty development, monitoring of graduates, and curriculum.

An informal recommendation of the 1983 Allied Health Program Review team was the employment of faculty with advanced clinical skills. Since 1983, the department has appointed three faculty members whose clinical experiences total approximately 40 years. All have been involved in general practices, and possess special competencies, respectively, in orthopedic injury rehabilitation, spinal paid management, and pediatric neurological disorders.

Another recommendation arising from the 1983 Allied Health Program Review was to study and take action on improvements for recruitment and enrichment activities at all levels for all students, with particular emphasis on racial and linguistic minorities and mature students. In 1984, the department collaborated with other health sciences programs at the University in the preparation of a training grant for the recruitment and retention of minority students and in the subsequent implementation of the Health Sciences Recruitment and Retention Program.

Since 1983, several alterations in the curriculum have been made to prepare more effectively graduates for recent shifts in population and health care delivery systems. Coursework has been added which includes specialized modules of instruction in evaluation of the geriatric patient, the role of the PT in health maintenance programs, and non-invasive pain control techniques. Coursework in the interpretation of research has also been expanded.

Responding to population shifts and changes in health delivery, the program has also submitted a Request for Authorization to Plan a Master of Science in Physical Therapy Degree Program. The program would provide an opportunity for physical therapists who already hold a baccalaureate degree to obtain advanced clinical and research skills with concentrations in gerontology, pediatrics or orthopedics.

The 1983 review noted that the scientific and technical equipment needs of the program were not being met. In response, the department has engaged in an informal relationship with local vendors of electrotherapy equipment which allows the borrowing, free of charge use of equipment in our clinically oriented courses. This year, equipment with a retail value of close to $100,000 was loaned to the department. Efforts were made to acknowledge the courtesy without allowing the use of certain brands of equipment to be construed by students as an endorsement.

Equipment other than that used for electrotherapy is still sorely lacking. The total outlay for OCO, including replacement, was approximately $4,000 during the 86-87 year, and was zero during the previous four years. It is estimated that outfitting the PT department with equipment typical of that found in a modern clinical department, excluding electrotherapy equipment, would cost $100,000. This total does not include specialized equipment appropriate for research.

Increasing continuing education activities for faculty at all levels and improving opportunities for appropriate advanced degrees for allied health faculty were also recommended by the 1983 Allied Health Program Review. Three of the five full-time faculty in the Department are presently pursuing doctoral studies and two faculty members already have their doctoral degrees.

In 1985, the four physical therapy programs in Florida formed the Florida Clinical Education Consortium to meet the clinical faculty development needs. The aim of the consortium is to pool resources and provide one quality continuing education program for all the clinical educators of all the programs. The clinical education programs are offered in conjunction with a Florida Physical Therapy Association meeting.

The most pressing problem is a lack of useful laboratory space. Because the equipment used in our laboratory instruction is typically quite large, it is estimated that approximately 30 percent of the square footage is used for storage.

Many pieces of essential equipment are used only several days a year, but they must be stored in secure areas. Because the University does not maintain dedicated storage areas, valuable instructional space is lost.

FTE based formulas for laboratory space utilization do not take this into account, and it is felt that this may be part of the reason that some 2,000 square feet of Physical Therapy laboratory space has been assigned to other departments in the last two years.

Another need is for the implementation of a graduate program. The department has in place a well-run program with an excellent local and regional reputation, and a stable faculty. A graduate program would facilitate the recruitment of research oriented faculty and would enhance the already excellent relationship of the program with PT departments in the area by enrolling clinicians. In addition, it would permit, through the use of graduate teaching assistants, offering of a larger number of sections of the undergraduate laboratory courses. These lab courses are the primary "bottleneck" in the flow of students through the lockstep program. It is estimated that the ability to offer three sections of each lab course, instead of the two currently offered, would allow an increase in undergraduate enrollment by 50 percent. This is extremely significant because the PT program currently turns away approximately 100 qualified applicants each year. The space requirements for current offerings preclude implementation of the graduate program at this time.

DEPARTMENT OF HEALTH SERVICES ADMINISTRATION

The Health Services Administration Program is currently an Associate Member of the Association of University Programs in Health Administration. It is the Department's intent to apply for full membership. The site visit required for full memberships was scheduled for early Fall 1987, but has been postponed to Spring 1988, to permit the Department time to act on any recommendations from the Board of Regents Allied Health Review Update consultants' team.

Since the 1983 review, the degree program Master's of Science in Public Health has been added to the department. This is an affiliated degree program with the University of Miami. Also Medical Records Administration has been added as a component but it is an autonomous degree program in the department which now has the following configuration:

HEALTH SERVICES POLICY ADMINISTRATION
DIRECTOR (COORDINATES HEALTH SERVICES ADMINISTRATION PROGRAM)

B.S. DEGREE MEDICAL RECORDS ADMINISTRATION	BHSA & MHSA	MPH MASTER'S OF PUBLIC HEALTH
A coordinator & 1 additional faculty position.	The director also serves as coordinator of the area and 9 additional faculty positions.	A coordinator & 1 additional faculty

Common courses within the department that are taken by students in the three major degree areas are taught by all faculty in Health Services Administration. Specialized courses, however, are only taught by faculty with expertise in that particular discipline.

To support the development of health services education in Broward County, and to be responsive to the demand for instruction coming from Broward, the Department of Health Services Administration has been allocated a new faculty line specifically for course instruction in that area. There is now a full-time faculty member, in place, on the central campus of Broward Community College. Further, the undergraduate degree program can now be completed at the central campus of Broward Community College.

A graduate course is currently offered each semester at the University Tower Building in Fort Lauderdale, shared jointly by FIU and FAU. There continues to be a growing need for Health Services Administration courses in Broward at both the undergraduate and graduate level. The department intends to remain responsive to that need.

The most difficult issue in the department is that of having sufficient full-time, tenure earning faculty to support the development of degree programs. At this time, there are three lines in the department not authorized for advertisement by the Provost, one each in Health Services Administration, Medical Records, and Public Health. Through the judicious use of adjuncts and through careful scheduling of classes, an array of course offerings is maintained to permit students' proper movement through degree programs.

It is extremely important that these faculty lines be filled prior to any AUPHA accreditation visit.

DEPARTMENT OF MEDICAL RECORDS ADMINISTRATION

The Department of Medical Records Administration has been engaged in considerable course revision during the past four years. Particularly noteworthy is the comprehensive course in health care quality assessment. This course has been revised to include further instruction in the areas of risk management and utilization review.

A computer laboratory was opened in January 1987, with 12 micro-computers with 512K memory and Citizen 120D printers. The lab will be open approximately 50 hours per week and will have a lab assistant available during these hours.

This department has placed all of its students in good positions and the demand for personnel remains strong.

EXTERNAL CONSULTANT'S CLINICAL SITE REVIEW

Department of Dietetics and Nutrition

The Department of Dietetics and Nutrition offers a major leading to a Bachelor of Science degree in dietetics and nutrition. Two undergraduate options are available--the Coordinated Undergraduate Program (CUP) and the traditional Plan IV Program. Both programs award the Bachelor of Science degree. The undergraduate programs are designed to assist the student in gaining basic practitioner knowledge and skills. Courses in nutrition are also offered as electives for students enrolled in other allied disciplines.

The CUP meets both academic and experimental requirements of the American Dietetic Association (ADA). Students must complete 60 semester hours of prerequisite lower division coursework to be accepted into the program. Clinical courses are sequential and require two years to complete. Clinical experiences are available in several hospitals and other health agencies. Students must satisfactorily complete a written comprehensive exam to graduate from the program.

The Plan IV Program meets the academic requirements for membership in the American Dietetic Association. Students wishing to complete this program must satisfy the same lower division requirements as for the CUP. Students may then apply for an accredited dietetic internship to obtain the professional experience to become eligible for the registration examination of the American Dietetic Association. This program has two approved emphases--general and management.

The Department also offers a Master of Science degree in Dietetics and Nutrition with areas of concentration in Clinical Dietetics or Dietetic Management. The graduate program prepares the student to assume leadership responsibilities in health care institutions, community health agencies, or private practice. The graduate program allows for concentration in research or field application. The program is designed to meet the needs of the professional practitioner; therefore, admission to the graduate program requires completion of ADA's Plan IV requirements.

The Clinical and Community Dietetics track allows concentration in nutrition research or applied nutrition. Students enrolled in this option may prepare themselves for positions of responsibility in nutritional care administration, community health agencies, or private practice. The Dietetic Management track builds on the nutrition background of students to broaden their management skills and expertise. Graduates may assume directorships of Nutrition or Food and Dietetic Service Departments.

An Advanced Practicum option is also available which meets the professional experience requirements of ADA. Limited enrollment for these additional nine semester hours is contingent upon Departmental and prior ADA Approval.

In conjunction with the Department of Dietetics and Nutrition, the Master of Public Health degree with a concentration in Nutrition is offered by the Department of Health Services Administration in the School of Public Affairs and Services. The goal of this program is to prepare the public health nutritionist to take a leadership role on the public health management team and to become an excellent technical resource. The Nutrition specialization is designed to provide a background in the science and practice of public health including program planning, management and evaluation; human nutrition and food science and their relationships to health; and a working knowledge of public health nutrition programs and services. The MPH Nutrition concentration requires 45 hours of graduate coursework and requires attendance on both the Tamiami and Bay Vista campuses. For non-registered dietitians, community field experiences incorporated in this graduate program is designed to meet ADA requirements.

This review focuses on clinical education associated with the Coordinated Undergraduate Program.

The CUP Program is fifteen (15) years old and is accredited by the American Dietetic Association. The most recent site visit was in March, 1987; ADA review is scheduled for August, 1987. It is expected that reaccreditation will be granted for eight (8) years. The Department Chairperson is a member of the ADA Accrediting Board and chairs the Review Panel. The Department is considering a plan to change the design of the Program from the "Essentials" model to the new "Standards" model. The Chairperson has contracted with ADA to write another FIU Self Study using the new "Standards" criteria. When completed and approved, the study will be used as an ADA Training model.

Clinical education in the CUP program consists of 900 hours, which is equivalent to six months of experience--the first 300 hours are completed during the Junior year and the next 600 hours at the Senior level. The Advanced Clinical Practicum, taken during the last semester of the Program is a 450 hour experience.

The following courses comprise the clinical component of the curriculum, and must be taken in the order listed. Applied courses and practicum must be taken concurrently with the related didactic courses.

Course Descriptions

DIE 3355. Dietetics in Community Health. (4 semester hours credit) Observation and participation in activities of community agencies. Nutrition education and counseling experiences. Clinical component open only to a student in the Coordinated Undergraduate Program. (Fall Semester, Junior Year.)

DIE 3175. Management of Dietary Systems Practicum. (6 semester hours credit) Provides for developing skills in planning, implementing, and evaluating food service systems. Clinical assignments will be made in several food service institutions in this area. Clinical component open only to students in the Coordinated Undergraduate Program. (Spring Semester, Junior Year.)

DIE 4277. Diet Therapy II Practicum. (7 semester hours credit) Participation in activities in clinical affiliations focusing on nutritional assessment, planning, treatment and follow-up of patients. Clinical component open only to a student in the Coordinated Undergraduate Program. (Fall Semester, Senior Year.)

In DIE 4277, students are placed for 30-40 hours per week.

DIE 4536. Advanced Clinical Practicum. (15 semester hours credit) Indepth study combining theoretical concepts and clinical experience. Learning experience will be planned cooperatively by the student, campus instructor, and clinical instructor to meet individual needs and goals of the student. Clinical component open only to a student in the Coordinated Undergraduate Program. (Spring Semester, Senior Year.)

Clinical experiences are supervised directed by the course instructors. Most adjunct or part time faculty involved in clinical education have been associated with the program since 1972. There are six (6) faculty positions within the Department, including the Chairperson. At any given time, three of these faculty are involved with the CUP Program.

Direct supervision of clinical education by University faculty varies by course. Except for the Advanced Practicum, clinical education is taught in group and individual formats. While half of the students are placed in a group experience, the other half are assigned individually to other settings under the supervision of a Clinical Dietitian. In the group setting, there are 7-8 students to one clinical instructor. Each student has both the group and the individual experiences. The advanced Practicum is a one-on-one (student-to-clinical instructor) experience.

During the Advanced Practicum, students meet with faculty one hour each week to review their progression through the rotation. The final evaluation is consensus graded. Input by the Clinical Instructors into the grading is significant in that they have had an opportunity to assess the student's clinical competence and to review and comment on their assignments before they are turned in; however, the University Coordinator is responsible for assignment of the final grade.

Clinical settings are located in hospitals, health agencies, and school service programs. The Program utilizes a large number of health facilities in the South Florida area. Hospital sites are accredited by the Joint Commission on Accreditation of Hospitals (JCAH). Eighteen (18) hospitals and fourteen (14) state/community agencies are used on a recurring basis.

In the Dietetics, Nutrition and Food Service units, the JCAH review is concerned with such areas as the ratio of registered dietitians to the number of students placed, the quality of dietetic practice, the quality of dietetic entries on patient charts, and the participation of registered dietitians in continuing professional education.

Site visits by Faculty are usually limited to evaluation purposes. Student performance in the "group" experiences are evaluated at midterm and at the end of the courses.

The Department utilizes the common School of Health Sciences clinical affiliation agreement for each cooperating Facility. Some Facilities may require the execution of their own contract in conjunction with FIU's.

Department of Health Services Administration
School of Public Affairs & Services

The School of Public Affairs and Services is organized into the Departments of Criminal Justice, Health Services Administration, Medical Record Administration, Public Administration, and Social Work.

The Department of Health Services Administration offers baccalaureate and master's programs leading to degrees in Health Services Administration and Public Health. The Bachelor's program is designed to qualify students for entry level administrative or middle management positions with various health care organizations or may, depending upon a student's prior professional experience in this field, serve as preparation for graduate study in Health Services Administration. The Master's programs are considered professional degree programs. They provide complex governmental and private health care settings in community, regional, state and national systems.

The Master of Public Health is an affiliated program offered with the Department of Epidemiology and Public Health at the University of Miami's School of Medicine. The Florida International University (FIU) and the University of Miami programs are under the umbrella of the School of Public Health at the University of South Florida. The program is designed to provide fundamental skills in the core areas of Public Health to those interested in policy development, planning, and implementation of community health services. Those seeking a broader base of knowledge to improve environmental and personal health services for the community are encouraged to pursue the Public Health degree. Students may elect a concentration in one of the following areas:

(1) Biostatistics, (2) Environmental Health, (3) Epidemiology, (4) Health Promotion, (5) Health Policy and Administration, (6) International Health, or (7) Nutrition. In the Master of Public Health program, students with extensive health care work experience may elect to do a research project in lieu of the three month residency.

Clinical and field experiences are an integral part of the curriculum through which students are provided supervised learning experiences in community services agencies. The Department maintains affiliation agreements with approximately 30 sites throughout Dade and Broward counties and utilizes a variety of local hospitals, long-term care facilities, prepayment plans, mental health facilities, multi-institution corporations, emergency medical systems, health maintenance organizations, community health centers, and related public health and private agencies to provide students field experience. The program is sufficiently flexible to allow modification of course content depending upon the personal requirements of the student and the unique characteristics of the various settings.

In the bachelor's program, the clinical and field work experience obtained through the administrative internship (HSA 4850), is one of orientation, observation, and practice in a specific area of emphasis or specialization within health care management.

Course Descriptions

HSA 4850. Administrative Internship. (6 semester hours credit) The student who has completed all required upper division course work is provided an opportunity to observe and engage in administrative practice in a health care setting.

The students spend a minimum of 20 hours per week for one semester in this placement. Together, the student, the internship coordinator and the preceptor prepare an educational plan.

A three-month summer administrative residency (HSA 6875) in a health care organization is required of all students in the Master of Health services Administration Program.

HSA 6875. Administrative Residency. (3 semester hours credit.) Off-campus field placement in residency with health care organizations under supervision of a managing preceptor at the site.

The Course is designed to provide practical experience consistent with didactic coursework covering theories, concepts and administrative skills of the field. The residency is arranged with an agency compatible with the student's area of interest.

It is a full time (of not less than 35 hours per week) experience for not less than one semester with the agency and constitutes full time enrollment in the program. Students must apply and be approved for placement in the semester before the residency begins. The goal of the residency is to provide the student an opportunity to gain personal experience in applying administrative principles and techniques in practical work situations in an active health care setting. The course links the students academic studies with actual practice in direct observation and supervised participation of the management processes.

The field instructor/preceptor may hold an adjunct faculty appointment in the Department of Health Services Administration and the School of Public Affairs and Services. The preceptor is required to be employed full time at a top managerial level within the host agency. It is desirable that the preceptor's areas of responsibility be diverse and encompass the overall responsibilities for the entire agency. The Clinical Supervisor must possess at least a master's degree and must provide direct supervision during the experience.

In matching the resident to a placement site, the Faculty Coordinator considers the student's educational background, professional needs, interest, and goals. Faculty make two to three site visits each semester.

The department shares the resources of some of the same clinical facilities with other institutions such as the University of Miami and George Washington University (Washington, D.C.); however, there have been no scheduling conflicts.

A manual provided for the student outlines the administrative internship or residency and defines the competencies to be attained for completion of the residency. A description of how the grade will be determined from the overall evaluation process is also included.

During the internship and residency, the student is required to maintain a weekly log and submit weekly reports to the residency coordinator. The reports should detail activities of the work experiences on each administrative rotation and analyze management observations from the theoretical perspective. A final report at the end of the residency should summarize the total experience.

Educational goals determined prior to the beginning of the course are monitored periodically to assess student progress toward meeting those goals. The Agency preceptor submits to the Faculty Coordinator an evaluation of the student and a suggested letter grade. The final grade is assigned by each intern's or resident's Faculty Advisor and is based on the weekly reports, the final report, and the preceptor's evaluation. The student is also expected to evaluate the experience.

The Department has the highest enrollment of minorities at the University (19-20%) with a gender mix of more females than males.

The Acting Chairman of the Department has been on the faculty of the University since 1971, in the Department since 1974, and in his current position for the past two years.

Department of Medical Laboratory Sciences

The Medical Laboratory Sciences (MLS) Program is approved by the American Medical Association (AMA) Committee on Allied Health Education and

Accreditation (CAHEA). Graduates of the Program are eligible to apply for examination and certification by the American Society of Clinical Pathologists' Board of Registry as a Medical Technologist, MR(ASCP); by the National Certification Agency for Medical Laboratory Personnel as a Clinical Laboratory Scientist, LCLS(NCA); and for licensure as a Medical Technologist by the State of Florida.

The University-integrated "2 + 2" program has limited enrollment. Students are usually admitted to the Program in the Fall semester, but may be admitted on a space-available basis in any semester if prerequisite courses have been completed.

The medical technology professional courses and hospital clinical practice are open only to majors in the program. Entrance to clinical practice depends upon satisfactory evaluation of the student's record by the faculty.

A minor program in Medical Laboratory Sciences is designed for biological and chemical science majors who wish to develop expertise in a related area of medical laboratory sciences, and who may wish to seek hospital, clinical diagnostics or industrial employment after graduation. The minor requires 14-21 semester hours in MLS depending on specialization area.

Clinical education is the final stage of training, comprises the last semester of the Program and consists of sixteen (16) weeks (full time) of clinical experience. The clinical component of the curriculum is divided into approximately four (4) weeks in each major specialization area. These specialization areas are clinical chemistry, hematology, immunohematology and clinical microbiology. No other academic classes are taken during this period.

Students earn academic credit for clinical practice through the following courses:

MLS 4820. Clinical Practice Chemistry. (3 semester hours credit). Practical experience in a hospital chemistry laboratory. All MLS courses must be completed before students will be permitted to register for clinical practice.

MLS 4821. Clinical Practice Microbiology. (3 semester hours credit). Practical experience in a hospital microbiology laboratory.

MLS 4822. Clinical Practice Hematology. (3 semester hours credit). Practical experience in a hospital hematology laboratory.

MLS 4823. Clinical Practice Blood Bank and Immunology. (3 semester hours credit). Practical experience in a hospital blood bank and immunology laboratory.

A comprehensive manual is provided to students which includes objectives and statements of competence established by the American Society for Medical Technology (ASMT) and describes the student's responsibilities during the clinical rotations. It also includes performance checklists for each area and describes the evaluation process. The manual is intended to facilitate transition from university student to hospital intern. Rotation schedules are sent to the clinical affiliates at least one month prior to the start of clinical practice.

Clinical practice is conducted at Baptist, Cedars, Coral Gables, Mercy, South Miami and Victoria Hospitals and the American Red Cross South Florida Regional Blood Services. The standard Florida International University (FIU) School of Health Sciences Affiliation Agreement is negotiated with clinical affiliates. The Department attaches an addendum which further delineates guidelines for the Program.

Students have an opportunity to list their three choices for hospital affiliation. These requests are granted according to the student's grade point average. No more than four students are assigned to each facility and whenever possible, no more than one student per major area.

Students are evaluated by clinical faculty in each major area according to ASMT objectives. Whenever possible, evaluation occurs at midterm and at the end of each rotation. Clinical faculty review the evaluation with the student to point out areas of strength and to make suggestions for improvement. Students evaluate the quality of clinical instruction and performance of clinical faculty in each rotation. These evaluations are collated by the Clinical Coordinator at the end of the semester and returned to the clinical faculty for review.

The grading system is "Pass/Fail". A passing grade in each of the four clinical areas, is awarded when a student has met the objectives of each clinical area to the satisfaction of both the university and clinical faculty, and passed a written comprehensive examination with a score of 63 percent or better. A failing grade is given if there are deficiencies in either of the above. Students must satisfactorily complete a written comprehensive examination to graduate from the program.

A University faculty member is assigned to each affiliate to serve as Faculty Coordinator while students are enrolled in clinical practice. The Faculty Coordinator is the liaison between the University and the affiliate and is responsible for preparing and administering the clinical practice comprehensive examination, collecting evaluations from students and clinical faculty, and assigning and reporting grades for clinical practice.

Department of Medical Record Administration
School of Public Affairs & Services

The Medical Record Administration program, administratively housed in the School of Public Affairs and Services, is accredited by the Committee on Allied Health Education and Accreditation (CAHEA) in collaboration with the Council on Education of the American Medical Record Association (AMRA). Completion of the curriculum leads to the baccalaureate degree in Medical Record Administration.

Currently 45 students are enrolled in the Program with approximately half of the enrollment at each the junior and senior levels. Minority enrollment is approximately 70 percent (approximate 30% Black and 37% Hispanic).

The Department maintains affiliation agreements with approximately 55 health care facilities in the Dade-Broward metropolitan area. With this wide range of sites available, students may be placed in a different setting for each practicum. Students are scheduled for rotations (for at least 24 hours) in non-acute care facilities to round out their exposure and experience.

During the first semester of the program, the student is introduced to basic concepts of medical record administration, such as confidentiality, filing systems (e.g. terminal digit systems), fundamentals of analysis, etc. Students have the benefit of an on-campus $50,000 micro-computer lab in which fundamentals of the profession are reinforced.

The clinical practicum offers students an opportunity to observe professional practice and to learn by actually participating in the activities of a medical record department. It is designed to enhance the student's ability to translate theory into effective practice and strengthens the student's awareness of the attitudes, values, motivations, and judgements identified with the medical record profession.

Students are required to complete three directed practice experiences and one internship. Each of the directed practice experiences represents 64 hours of actual clinical work in the facility which may be completed in segments of eight hours per week or one day per week for eight weeks.

The internship of 240 hours of clinical practice is acquired by working full time (40 hours per week) for six weeks. The student must provide a weekly narrative summary based on the "Professional Practice Standards" manual and complete at least one major or two minor projects during the experience.

Academic credit for clinical education is attained through the following courses:

Course Descriptions

MRE 3800. Directed Practice I. (1 semester hour credit.) Orientation of the student to the hospital medical record department and adjunct diagnostic or therapeutic units, including the outpatient department, emergency room admitting offices, x-ray, pharmacy, physical therapy, laboratory, and pathology departments. (Fall Semester, Junior Year)

This introductory experience deals with the technical aspects of medical record practice including admission and discharge procedures, assembly, analysis, record retention and storage. The student is introduced to basic functions/fundamental applications within a medical records department. These basic procedures include admission and discharge procedures, filing, and record analysis.

MRE 3810. Directed Practice II. (1 semester hour credit.) Orientation of the student to the medical record department, following the flow of the patient's record after discharge. Includes the discharge procedure; analysis, coding and indexing systems; statistical reporting; correspondence; control of the incomplete medical records; and processing of the completed record. (Spring Semester, Junior Year.)

The course provides actual experience in medical record coding, release of medico-legal information, statistical reporting, abstracting, tumor registry, and further practice in the area of discharge procedures.

MRS 4831. Directed Practice III. (1 semester hour credit.) Observation of the management of a hospital medical record department, with emphasis on administrative and medical staff relationships including policy and procedure manuals, job descriptions and evaluation, budgeting and cost controls, and medical staff committees. (Summer Term between the Junior and Senior Year.)

This clinical experience provides actual experience in the areas of quality assurance, utilization review (including preadmission screening), and risk management. Special attention is given to the area of JCAH accreditation.

MRE 4835. Internship in Medical Record Management. (4 semester hours credit.) Management in a medical record department for five weeks under the supervision of Registered Record Administration. (Spring Semester, Senior Year.)

The internship emphasizes the managerial aspects of medical record administration from the standpoint of planning, controlling and organizing functions. Entry-level compentencies identified by AMRA are stressed. AMRA's Professional Practice Standard text is also used to direct the student's experience through all the individual specialty areas within medical record services.

A comprehensive Clinical Handbook is available to inform clinical supervisors and students of the policies, procedures, and overall expectations of directed practice/internship experiences and of the relationship of the clinical component to the total curriculum. It includes the course syllabi, objectives for each directed practice and other material for use in planning and implementing the practicum. The responsibilities of the University, the clinical facility, the clinical coordinator, the clinical supervisor, instructors and the student are clearly defined.

An orientation workshop for clinical supervisors is sponsored by the Department of Medical Record Administration each academic year. During the orientation, clinical instructors are advised about the procedure for student performance evaluations. Task checklists and evaluation forms are provided by the Department. The evaluation considers the student's professional characteristics, levels of achievement, and overall work performance. The evaluation is ongoing and begins on the first day of the rotation. The student is required to maintain daily activity logs and submit weekly reports, complete all assignments and submit them according to established timelines.

The clinicals are competency based and graded "Pass/Fail". The weekly reports require the student to describe special observations, the techniques/methods used to perform specific tasks, problem areas encountered and to provide an overall critique of the weeks' experience. The final grade is based on a composite of the clinical coordinators and supervisors assessments. The Clinical Supervisor holds regular conferences with the student throughout the experiences to discuss with the student his/her progress. Evaluation forms are signed by both the supervisor and the student.

It is preferable that students be placed at facilities to work primarily with Registered Record Administrators (RRA's) rather than Accredited Record Technicians (ART's) whenever possible. Students do not work independently; they have one-to-one supervision at all times.

Faculty visit each site where students are placed at least once each semester.

The Acting Director of the Medical Record Administration program is a graduate of FIU and a Registered Record Administrator. She holds a masters degree in Health Services Administration (MHSA) and is a candidate for the doctoral degree (Ed.D.). She had seven years experience in the medical record field before joining the faculty in the School of Public Affairs and Services. This included work in the position of Director of Utilization Review and Quality Assurance at Humana Hospital at Biscayne and as Director of the Department of Medical Records at Parkway Regional Medical Center in Miami.

Department of Occupational Therapy
School of Health Sciences

The Occupational Therapy program is accredited jointly by the American Occupational Therapy Association (AOTA) and the American Medical Association (AMA) Committee on Allied Health Education and Accreditation (CAHEA). Following the most recent site visit on January 28, 1987, the program was reaccredited for six years. Completion of the program leads to the Bachelor of Science degree. Of forty (40) students enrolled currently, approximately 40 percent are of minority backgrounds.

Field work experiences are offered at two levels. These include coordinated placement in physical disability, work evaluations, mental health, psychiatry and pediatrics.

Level I field experiences provide students an introduction to the treatment environment and provide basic experiences in observation and participation in a clinical setting. At this level, the emphasis is on experiential learning rather than on performance. Opportunities for minimal participation in treatment planning, observation, evaluation and treatment techniques, and seminars are provided under the close supervision of the therapist directly responsible for the patients.

During the last three semesters of didactic education, the full time, one week (8 hours per day, 40 hours per week) experiences are closely coordinated with courses taught that semester. In addition to the one week placements, as a part of specific class assignments, students are exposed to a variety of settings where they may or may not be an occupational therapist giving direct service. These experiences are used to develop observational skills, enhance understanding of both normal and abnormal behavior, and aid in broadening a student's perception of the possibilities of the profession.

Course Descriptions

OTH 3520. Developmental Theory I. (3 semester hours credit.) Occupational Therapy evaluation, treatment and management of developmental disabilities from birth through adolescence. (Spring Semester, Junior Year.)

This course includes a one month clinical rotation which provides an orientation to the hospital/clinical setting, the types of patients seen and the responsibilities and functions of the occupational therapist.

OTH 3815. Field Work Experience, Level I. (3 semester hours credit.) This course is a four week summer practicum. Preclinical experience in approved training center. (Summer Semester, Junior year.)

Level II field work involving hands-on experience is scheduled during the fall and summer semesters of the senior year after all prerequisite academic courses have been completed. Indepth experience and responsibility for services to patients are emphasized in these two three-month clinical placements. Each Level II experience includes practice in prevention and health maintenance, remediation, rehabilitation in daily living skills and vocational adjustment. Students treat patients under the supervision of a certified Occupational Therapist.

Course Descriptions

OTH 4850. Field Work Experience. (2 semester hours credit.) Three months internship.

At the conclusion of the experience, the student will have entry-level competence as an occupational therapist in physical dysfunction/pediatrics.

OR

OTH 4851. Field Work Experience. (12 semester hours credit.) Three months internship in a clinical setting.

Three seminar courses taken during the last semester incorporate one week clinical placements.

OTH 4930. Mental Health Seminar. (3 semester hours credit.) Course combines literature review and site visits to develop student's capability for critical analysis of occupational therapy program development in mental health.

OTH 4931. Work Evaluation Seminar. (3 semester hours credit.) The measurement and analysis of client abilities and work requirements applicable to the practice of occupational therapy.

OTH 4932. Pediatric Seminar. (3 semester hours credit.) Review of current research in advanced pediatric practice. Coordinated clinical experiences offer opportunities for application of theoretical approaches to evaluation and treatment.

OTH 3811 and OTH 4421 also include 1 week placements.

OTH 3811. Psychiatric Skills Lab for Occupational Therapy. (1 semester hour credit.) An experiential course directed toward integration and treatment modalities and principles for occupational therapists in psychiatry. (Spring Semester, Junior Year.)

At the conclusion of this three-month placement in psychiatry, the student is expected to have attained entry level competence in psychiatric occupational therapy.

OTH 4421. Biomechanics in Rehabilitation. (3 semester hours credit.) The analysis and application of biological and physical principles to the evaluation and treatment of patients with physical disabilities. (Fall Semester, Senior Year.)

The Department maintains approximately 45 options for placement in the State of Florida of which 18 are in the Miami area. Fifteen (15) out-of-state facilities are available for Level II placements in psychiatry. Clinical Coordinator's meetings are held twice a year. Faculty visit local facilities at least once during the student's placement or more often should problems arise. Facilities participating in the Fieldwork Program are required to submit an annual report to the Department.

Three forms that are submitted indicate the evaluation procedures which are in place to assess student performance. Note the profession of detail solicited on the assessment instrument according to the length of the placement and the increasing knowledge base expected of the student. Fieldwork experiences are graded on a "Pass/Fail" basis.

General and specific behavioral objectives for each phase of field experience are clearly stated and available to students. The objectives are developed jointly by the Departmental faculty, Clinical Supervisor and student. The students' performance of enabling activities is assessed by the Fieldwork Supervisor. Students assess their progress independently.

At midterm, and at the completion of the Level II fieldwork experience, student competence in performing a number of professional tasks is evaluated on three different scales: (1) the quality with which the student performs the task, (2) the extent to which the student demonstrates an understanding of the rationale and justification for performance of the task, and (3) the degree to which the student exhibits professional behaviors and attitudes during the performance of the task.

Prosthetics and Orthotics Program
Department of Occupational Therapy

Prosthetics and Orthotics are health professions concerned with the rehabilitation of patients with disabling conditions. Prosthetics is the

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science of designing and fitting a replacement for an absent limb or limb segment. Orthotics is the science of designing and fitting a supportive or corrective device for an existing affected or abnormally functioning body segment. At the request of, and in consultation with the physician, the prosthetist/orthotist assists in the formation of prescription for the prosthesis/orthosis, and evaluates the patients' needs in relation to their particular condition, disease entity and functional loss.

Prosthetics and orthotics basically require a mechanical system to be designed and fitted to a physiological system, such that the added mechanical device replaces a lost limb or supports or corrects an abnormally existing body segment.

In addition to courses in the sciences of prosthetics and orthotics, the curriculum incorporates courses in the basic medical sciences, kinesiology, biomechanics and mechanical engineering. Completion of the curriculum leads to a certificate of professional competence with eligibility to take the certification examination administered by the American Board for Certification in Orthotics and Prosthetics.

The impetus for development of the Program followed the funding of a grant proposal in 1983 by the Rehabilitative Services Administration, United States Department of Education. The first class of eight (8) students was accepted in 1984. Currently, there are eleven (11) juniors and eight (8) seniors enrolled in the Program. The Program attracts a wide variety of students--such as those with backgrounds in mechanical engineering, with experience in retail management/sales of prosthesis/orthosis material, certified in either Prosthetics or Orthotics and interested in dual certification, and other practicing allied health professionals (e.g. occupational therapists or physical therapists) who wish to expand their professional capabilities, or other individuals seeking prosthetics/orthotics as a first career field.

Clinical education is provided at two levels through the following courses taken in the junior and senior years of the curriculum.

Course Descriptions

PRO 3800. Field Work Experience. (3 semester hours credit.) Clinical experience in an approved prosthetic or orthotic center or both. Offered in the Junior year, the practicum consists of 100 clock hours of clinical experience. The field work focuses on lower limb orthotics and below knee prosthetics. Under the supervision of a certified practitioner, the student assists in measurements, casting, fabrication of devices, fitting and dynamic alignment, and the general routine and clinical management of the patient.

AND

PRO 4850. Clinical Internship. (8 semester hours credit.) Directed clinical experience in an approved prosthetic/orthotic center or both. (Summer Term, Senior Year.)

During the internship, special emphasis is placed on patient management, prescription criteria, device suitability, and fabricating processes. The course includes comprehensive exposure to all aspects of prosthetic and orthotic patient care. The student's independence in clinical assignments, or direct provision of patient services, is governed by the demonstration or proficiency and by the practitioner's trust in the student to assume major responsibility for a specific task.

This course consists of 520 clock hours of practice experience. Under the direct supervision of a certified practitioner and by the completion of the rotation, the senior student is expected to demonstrate competence in prescription assessment, casting, rectification of the cast or mold, fabrication and fitting of the prosthesis and/or orthosis.

The Clinical courses are graded "Pass/Fail". Evaluation of the student is based on performance, judgement and professional behavior and attitude. The evaluation system also provides for an assessment of the practicum by the student.

A variety of practicum sites is desirable to provide broad opportunities for students. The facilities sought are those that have the capabilities of offering experiences in all aspects of prosthetics and orthotics and may range from private facilities to large public hospitals. Because the Program Director is personally acquainted with most of the practitioners in the country, and certainly more than half of those in the State of Florida, off-campus practicum sites and contractual agreements for clinical education have not been difficult to obtain.

Faculty make a formal visit to the clinical affiliate at least once during the practicum period, particularly if the Facility is located within a 50-mile radius of the University. Informal exchange between the Faculty Coordinator and Clinical Supervisor is generally more frequent.

The Program Director is a certified Prosthetist/Orthotist. He earned his first degree at Stratclyde University in Glasgow, Scotland in 1976. He also holds a masters degree in Bioengineering.

Department of Physical Therapy
School of Health Sciences

Successful completion of the curriculum offered by the Department of Physical Therapy leads to the Bachelor of Science degree. The program received full five year accreditation in 1982 by the American Physical Therapy Association (APTA). The next accreditation site visit is scheduled for this fall (1987). There are no plans to develop an entry-level Master's program; however, faculty plan to pursue an advanced master's degree program with a focus on research or advanced clinical specialization. The "Proposal to Plan" has been presented for consideration to the Florida SUS Board of Regents.

The program capacity is 36-40 students per class. Of the last entering class, approximately 25 percent are minority.

Sites for clinical education may be selected from among approximately 110 affiliates, with whom agreements have been negotiated. The majority of these facilities are located within the State of Florida. These facilities provide diverse patient populations with a wide range of experiences available for clinical education.

The curriculum plan includes a sequential series of integrated didactic and experiential learning experiences designed to enhance attainment of terminal competencies in the treatment of musculoskeletal, neurologic, cardiovascular and pulmonary disorders. Clinical education is an integral part of the curriculum.

Course Descriptions

PHT 3804. Clinical Internship. (3 semester hours credit.) Supervised full time clinical experience, designed to offer the student experience in patient care, particularly musculoskeletal evaluation, application of basic physical techniques, and orthopedic planning and implementation. (Summer Semester, Junior Year.)

This rotation is designed to provide experience in evaluation program planning and implementation of orthopedic treatment programs. Clinical experiences are progressive. Observation experiences are a part of several clinical application courses early in the curriculum. The Junior year clinical internship (PHT 3804), a full time five week placement, is primarily an orthopedic rotation.

Clinical education sites are selected from among approved facilities that provide treatment primarily for orthopedic patients. Students are encouraged to vary their rotations; for example, rotations may include a large general hospital, a rehabilitation center and a pediatric clinic.

At the beginning of these rotations, the student and the Clinical Coordinator select the skills the student will attempt. The caseload available at the Facility is taken into consideration in this determination.

The student's competency is evaluated by the Clinical Instructor using the BLUE MACS assessment criteria. The course is graded "Pass/Fail"; the final grade, based on the student's progress report, is assigned by the Academic Coordinator of Clinical education.

The Senior Clinical Internship (PHT 4826) is comprised of three full time, five week rotations.

PHR 4826. Senior Clinical Internship. (8 semester hours credit.) Supervised full time clinical experience, designed to afford the student the opportunity to practice total patient care, as well as administrative and supervision in physical therapy. (Summer Semester, Senior Year.)

The internship is organized into three blocks. In the first block, the student works essentially under supervision. By the end of the second block, the student should be working autonomously, and by the end of the third block, the student is ideally capable of functioning as an entry level physical therapist handling a full patient load and appropriate administrative and supervisory duties.

In the case of a failing grade, students are provided an opportunity to repeat two of the blocks within one academic year. Repeated failure will result in ineligibility to take the national certification exam. Satisfactory completion of the senior internship requires a grade of "Pass" (P) in all three blocks of concentration. The Academic Coordinator is responsible for assigning the final grade.

A comprehensive manual, the BLUE MACS (Mastery and Assessment of Clinical Skills), is available to all Clinical Instructors. It is utilized as the standard of the profession which defines for students and their instructors the skills all students must master before graduation, and provides a uniform mechanism for performance evaluation at all clinical sites.

The Student and the clinical Instructor are required to discuss and evaluate the experience. Standard forms (from the BLUE MACS) are provided for these evaluations. Evaluation of both the Junior and Senior internships is a criterion-based assessment.

Cedars Medical Center
Miami, Florida

Cedars Medical Center is a modern, private, not-for-profit hospital. All patient rooms in the 500-bed patient tower are private. Cedars offers a full range of medical and surgical specialties. In addition to serving as an accredited Cancer Program and Cardiology Center, Cedars also provides 24-hour emergency services, a full complement of outpatient services, a Gastro-intertinal Center, and four eight-bed critical care units. A corporate/employee medicine program and a variety of preventive medicine and health education program are also available to patients and community members. The medical staff of over 500 physicians includes specialists in every branch of medicine.

Accredited by JCAH, Cedars is fully certified by the United States Department of Health and Human Services for participation in the Medicare Program and is licensed by the Florida Department of Health and Rehabilitative Services. Cedars is a member of the American Hospital Association, the Southeastern Hospital Conference, the Florida Hospital Association, and the South Florida Hospital Association. It is accredited by the American College of Pathology and the American Association of Blood Banks. The Cancer Program is accredited by the American College of Surgeons.

Medical Record Administration

In addition to Florida International University (FIU), the Department maintains affiliation agreements with Miami Dade Community College (ART Program) and Florida A&M University.

FIU students rotate through Cedars Hospital primarily for experience in quality assurance (QA) and utilization review (UR). Students are oriented to this rotation by the Manager of the UR section of the Department. They shadow the RRA to learn the job responsibilities and the tasks associated with this job function, personnel management, productivity management, and observe staff counseling sessions, if appropriate. The Supervisor reviews each task with the student. They also "shadow" an RRT while observing the concurrent review process on the Nursing units.

At this hospital, Registered nurses code the initial DRG on Medicare-reimbursed patients. Registered Record Technicians (RRT's) are responsible for preliminary DRG assignments. The chart is then reviewed according to the Cedars plan. The charts are reviewed by UR Coordinators who may be RRS's, RRT's, RN's or LPN's. There are various categories of review under the plan. For example, all medical charts are reviewed 72 hours before the patient approaches the DRG -- prescribed average length of stay; urology charts are reviewed one day after the expected length of stay.

Specific guidelines established by the Florida Professional Review Organization (PRO) require a second review if the patient does not meet predetermined criteria of severity of illness and intensity of service. With few exceptions, the patient must meet the "severity of Illness" criteria within 24 hours of admission or the admission is questionable. Intensity or service criteria must be met within 72 hours. If physicians are not in compliance with these criteria, additional information must be obtained. In some cases, a letter of denial may be issued.

Utilization review is a very dynamic process and requires interrelationships with nursing personnel, admitting office personnel, physicians, and physician advisors. Students have an opportunity to observe these interactions firsthand and to work through the entire process. The clinical Supervisors also try to arrange to have students attend one of the monthly UR Committee meetings.

This experience is an example of the clinical education subsumed in Directed Practice III. On this rotation, students also have an opportunity to learn computer processing and management, primarily through record abstracting.

The Medical Record Department employes four Registered Record Administrators, eleven Registered Record Technicians, and one Certified Tumor Registrar. Under another cost center, but associated with the Medical Record Department, is the Utilization Review Unit which is operated by two Registered Record Technicians and two Registered Nurses.

Nancy Hamilton, RRS, Director of the Department of Medical Records received her baccalaureate degree from the University of North Florida at Tampa and completed postgraduate education at Emory University Hospital, Atlanta, Georgia. She has previously taught courses in an Accredited Record Technician Program.

Food and Nutrition Services

Cedars is a medium-sized facility which provides a variety of dietary experiences for a hospital its size. There is an adequate number of dietitians who have good practice qualities and are willing to work with students. They are young and energetic and come from a variety of training sites, bringing with them a variety of ideas and techniques.

During the first practicum experience at Cedars, (DIE 4277, Diet Therapy II Practicum) students follow a dietitian for two full days per week for seven weeks. Under close supervision of the registered dietitian, some of the students activities include writing a number of diets, making nutritional assessments and giving diet instructions, etc.

The Advanced Practicum (DIE 4536) is the final clinical practicum of the curriculum and is more loosely oriented in that students have a major role in the determination of their own goals and objectives. They rotate through each diet station on a weekly basis. It is possible on this rotation to become involved in hands-on practice in all of the dietary specialty areas within the Facility; however, the primary focus is mainly on clinical dietetics and therapeutics. For the last 2½ - 3 weeks of the program, students can elect the rotation of their choice. Cedars accepts no more than two students at a time for this rotation.

There are three clinical dietitians employed on the service (2 RD's and 1 ADA, who has been working as a clinical dietitian for the past 12 years). The Director's position is one-half time clinical and one-half time administrative. The Associate Director of Patient-Food Services is also Chief Clinical Dietitian.

Each dietitian has a specialty area and is responsible for approximately 80-90 patients. These specialties include diabetic, surgical, cardiac, intensive care, geriatric and cancer patients.

Nura Pla Gonzales, RD, Director of the Department and Clinical Supervisor, graduated from the FIU CUP program in 1984. Following graduation, she worked with the WIC (Women, Infants and Children Public Health/Community Nutrition) Program for approximately three months. She has been employed at Cedars Hospital since that time.

Cedars also accepts students from the Dietetic Technician Program at Miami Dade Community College. FIU and Miami Dade students are scheduled with different dietitians to avoid conflicts.

Of the five interns who have been at Cedars since 1984, two are of minority backgrounds.

Department of Rehabilitation Services
(Physical Therapy)

The newly renovated Rehabilitation Department provides space for both Physical Therapy and Occupational Therapy. The department was expanded to meet the needs of the inpatient population and an increasing outpatient population. The facility now includes eleven private treatment rooms, two of which are designed for biofeedback/stress management training. The Physical Therapy staff perform approximately 120 treatments per day or 50,000 treatments a year.

Physical therapy students come to Cedars during the summer of their Junior Year. They also come for affiliation associated with other courses 3-4 hours per day, one day a week, to learn how to evaluate and treat neuro patients. There are three affiliations during the summer of the Senior Year. These five-week affiliations involve three different student rotations through the Department.

Cedars also accepts students from Miami Dade Community College, Boston University, Northwestern University, University of Miami, SUNY at Buffalo, University of Chicago, and University of Indianapolis.

Sixty percent (60%) of the patient load is inpatient and forty percent (40%) outpatient. The majority of the department's caseload is orthopedic patients. If a student has more of an interest in neurology than in orthopedics, the Clinical Coordinator will try to arrange for the student to work with these patients.

As compared to most acute care facilities, Cedars is considered to have a good case mix. For example, students work with inpatients who have orthopedic fractures, total hip/total knee replacements, or with outpatients being seen following bypass surgery, valve replacement or for cardiac, back, neck and shoulder rehabilitation. There is an oncology floor in the hospital for which the department is developing a program.

The students from FIU are considered some of the better prepared students rotating through Cedars because of their clinical orientation and patient contact prior to this rotation. For instance, they have had experience in mini clinics, such as the amputee clinic at Jackson memorial Hospital, the spinal cord clinic, etc. They also have well-developed basic social, communicative, and professional relations skills.

The FIU student on site during their review had gained experience on this rotation with a quadriplegic patient, several CVA's, a patient with a brain tumor removed, and while working with an occupational therapist, had an opportunity for some biofeedback experience.

The workforce includes positions for 8 Registered Physical Therapists, 2 Assistant Physical Therapists, 5 Staff Therapists, 2 Supervisors, and 1 Coordinator.

Jean Marie Jaspere, RRT, Clinical Coordinator, graduated from Boston University in 1982 with a Bachelor's degree in Physical Therapy. She began work at Cedars in 1982 as a staff therapist, becoming a Senior Therapist in 1984 and Coordinator of the Clinical Education Program in 1986. She has attended continuing education courses related to clinical education. These CE courses have been appropriate to her role as Clinical Coordinator. She has team taught classes in Physical Therapy at the University of Miami and at Florida International University.

All staff put emphasis on problem solving in the educational process. Students must understand why they are doing what they are doing. Even though this philosophy requires more time on the part of the therapist, the Clinical Coordinator has support from her Supervisors to commit as much time to the students as necessary to assure that they are competent.

Students and Clinical Instructors mutually develop the specific objectives for the experience. Every student is provided a comprehensive Student handbook when they begin the rotation which includes an orientation to the hospital, clinical objectives, student responsibilities, department procedures and guidelines, treatment protocol, emergency procedures, etc.

Students keep a weekly log of their activities. They rate themselves as to their problem-solving skills, and their strengths and weaknesses. The Therapist/Clinican also rates student performance weekly. This dual assessment helps to facilitate communication between the student and the instructor. They then work together to set specific goals for the following week to address any areas of weakness identified in the evaluations. The Learning Style inventory (from Boston University) is used to assess the student's mode of learning, the results of which allow the Clinical Instructor to offer more diversity to the learning experience.

The departmental staff includes occupational therapists, a speech pathologist and an audiologist. There is some opportunity to attend interdisciplinary conferences during which these therapists coordinate their patient assessment and treatment evaluation.

Fenton Brace & Limb Company

Fenton Brace and Limb Company is a private prosthetics and orthotics firm. The State of Florida requires personal as well as facility accreditation. The facility has been certified each year since 1960. The owner and Clinical Supervisor of FIU interns, Jim Fenton, administers and practices in three offices of his company at Miami, Ft. Lauderdale and Hollywood. He has been a qualified practitioner for twenty-three years having been certified in 1964 by the American Board of Certification in Prosthetics and Orthotics. He completed his training at the University of California at Los Angeles.

Mr. Fenton is a Past President of the American Board of Prosthetics and Orthotics. Since 1977, he has been an active advocate for development of the University-based Program in Prosthetics and Orthotics. He helped conceive and design the program and continues to promote upgrading the status of the Program from certificate to baccalaureate level.

FIU students begin their training with an excellent attitude, a reasonable amount of hand skills and they demonstrate a good understanding of the concepts and objectives to be accomplished.

At this facility, the practicum begins with a basic orientation to the procedures of the laboratory. The experience integrates patient contact with laboratory work with students observing initially and provided some limited assistance. After several observations, students may then progress to hands-on participation, depending on the level of difficulty of a given procedure. The student practices multiples of prescribed skills until they become proficient. The intern usually has an opportunity to see the patients initially, participate in their prescriptive laboratory work, and follow through with the patients when they return for adjustments.

Students rotate through the fitting room, sewing and leather rooms, blacksmith shop, sculpture shop, and carpenter shop. Some of their experiences include limb tracings, application of foot orthoses, casting with plaster and plastics, fabrication and modification of spinal corsets, leg braces, hand splints, and gait analyses. (In a room equipped with parallel bars, patients are taught to walk to get a proper fit and alignment on the prosthesis. Patients are then transferred to physical therapists who continue with the patient's gait training.)

The program at FIU began as a certificate program by authority of the Florida State Board of Regents. To be elevated to the baccalaureate level, the program must meet the requirements of the American Board for Certification's Education and Accreditation Commission to insure that students are board eligible upon completion of the program. A clinical affiliation is not a requirement for a certificate program but was included in the original implementation plan because development of a baccalaureate program was the goal from the outset.

The Clinical Supervisor's assessment of student performance is considered in assignment of the final grade.

If a student's performance is substandard on the first placement, Mr. Fenton feels it may be in the best interest of the student to repeat the experience in a different location.

The student currently on rotation will be employed at this facility immediately upon completion of the program. A majority of the graduates of the Program tend to remain within a 100 mile radius of the University in the South Florida area.

Thirty (30) to forty (40) percent of the patient caseload at Fenton Brace and Limb are minorities. Approximately 70 percent of amputees lose their limbs as a result of peripheral vascular disease with or without associated diabetes; others are victims of war, accidents or cancer. An increasing number of elderly patients are being seen.

According to Mr. Fenton, the most pressing problem in the field at this time related to the encroachment of other disciplines on the ability of the professions of prosthetic and orthotics to remain as viable entities and provide services at a reasonable cost.

There are approximately 2,300 certified prosthetists/orthotists in the country, of which 12-13 percent are minorities (including females). Growth in the field has been only about 2-3 percent over the last 10 years.

Jackson Memorial Hospital
Miami, Florida

Jackson Memorial Hospital (JMH) is Florida's largest and busiest hospital. It is the fourth busiest hospital in the entire United States. The Hospital is governed by a 15-member Board of the Public Health Trust of Dade County, Florida. In conjunction with the University of Miami School of Medicine, Jackson Memorial is Florida's regional resource for specialty care to critical newborns, patients with severe burns and spinal cord injuries and patients requiring organ transplantations. It is also the regional resource for rehabilitation service for AIDS treatment, and for trauma victims requiring the services of a Level One center.

Jackson Memorial has 1,250 licensed beds, approximately one-third of which are devoted to highly specialized tertiary programs that are resources for the entire South Florida community and the southeastern United States.

Over 400 kidney transplants have been performed at the medical center. Cornea, islet cell, and bone/tissue, pediatric liver, and adult heart transplants are also performed. The Tissue Bank is the largest in the nation and makes available bone, skin, tendons, dura mater, and fascia.

The Pediatric Rehabilitation Unit is the only one of its kind in South Florida for children who require an inpatient rehabilitation program for a major injury or chronic disease. Among its services is the Children's Limb Bank, which offers free recyclable artificial limbs to children whose families are unable to afford them.

The Rehabilitation Center is one of four centers in the state for acute and rehabilitative care for persons with spinal cord injuries. The most advanced methods of physical and occupational therapy are employed, as well as specialized medical, psychological, social and vocational treatment techniques. In addition, interventions such as computerized biofeedback, functional electrical stimulation, reciprocating gait orthoses, a program of swimming, sailing, horseback riding, wheelchair sports, driver's education and other community integrative activities are also provided.

Jackson Memorial Hospital is accredited by the Joint Commission on the Accreditation of Hospitals; the Rehabilitation Center is approved by the Commission on Accreditation of Rehabilitation Facilities; the Cancer Program is approved by the Commission on Cancer of the American College of Surgeons; and the Pathology laboratories are accredited by the College of American Pathologists. The End-Stage Renal Disease and Children's Medical Service are also certified programs. JMH is a member of the American Hospital Association, the Florida Hospital Association and the South Florida Hospital Association.

JMH is approved by the Council on Medical Education and Hospitals of the American Medical Association and the Council of Teaching Hospitals of the Association of American Medical Colleges. The center operates approved Schools of Nursing, Histologic Technique, Cytotechnology, Radiologic Technology (Radiography, Nuclear Medical Technology, Radiation Therapy Technology, and Diagnostic Medical Sonography), conducts an administrative residency program in

Hospital Administration, a medical intern and residency program which includes 22 specialties, a dietetic internship program approved by the American Dietetic Association, and operates a Dental Health Care Center approved by the American Dental Association.

Health Services Administration Residency Program.

Jackson Memorial has a staff of approximately 40 administrators. The Health Services Administration internship is a 4-5 week rotation through the entire hospital and is the same for both baccalaureate and master's students. They are required to complete a major project and other assignments.

The hospital also accepts interns from the University of Miami, George washington University, Xavier, Ohio University, Florida A&M University, Nova, St. Thomas and Barry College, (MBA students with a concentration in Health Care).

Mr. James G. Moser is Coordinator for House Staff Administration. He graduated from FIU in 1978 with a Master of Science in Management and subsequently completed a six-month administrative residency at Health Services Administration.

Tour of Rehabilitation Center

Occupational Therapy students come to JMH for a three month rotation and have an opportunity to work with both inpatients and outpatients. They rotate through the hospital and three satellite clinics for experience in neurology, orthopedics and the burn unit.

FIU students are well prepared, have a good basic background and are comfortable with patients. They are familiar with the hospital environment, and have a good deal of experience having already rotated through several community clinics.

There is a supervisor in each of the areas. Their rotations also include the Amputee Clinic and an Upper Limb Clinic (ULC). The ULC was started several years ago and provides services through a multidisciplinary team. On the main rehabilitation floor, patients seen include head injured, amputees, stroke and orthopedic patients. Plans are underway for the addition of a new floor for pediatric patients.

The tour included brief observation of the Physical Therapy Clinic, the Spinal Cord Clinic, the Prosthetics and Orthotics shop and the Hand Therapy Clinic.

South Miami Hospital
Miami, Florida

South Miami Hospital (SMH) is a twenty-seven year old 528-bed hospital which has since 1960, provided treatment for more than a quarter million patients. Its services are provided through the Addiction Treatment Program, the Cardiac Catheterization Laboratory, a Sleep Disorders Laboratory, an outpatient Diagnostic Center, a free-standing Ambulatory Surgery Center, a Home Health Services Division, an Employee Fitness Center, a Rapid Treatment (Emergency) Center, a Radiation Cancer Treatment Center, and a Physical Medicine and Rehabilitation Program.

The Staff includes 750 physicians and 1,800 other employees and volunteers.

Occupational Therapy

At South Miami Hospital, students spend approximately half of their time in orthopedics and half in the Rehabilitation Center on the one month rotation. They work primarily with patients with stroke, hip fractures, and head trauma. At orientation students are provided a notebook which includes hospital policies and procedures, clinical objectives, and daily schedules.

Michelle Watson, OTR, is Chief of Occupational Therapy and services a Clinical Supervisor/Coordinator. She is also a certified Recreational Therapist and NDT--certified with adults. She has been in practice for eleven years in the United States and previously for ten years in Jamaica. She completed her professional training in England. Her experience has been mainly in pediatrics, neurology (spinal cord injuries) and some hand therapy.

Helga Acevedo, OTR, Clinical Instructor, received her professional training in Puerto Rico. Following her graduation in 1975, she worked in the Public School system for five years at and at the Easter Seal Foundation. She started the Occupational Program at South Miami Hospital (SMH) in 1980. After two years at South Miami, she spent the next two years at Denver General Hospital (Colorado) where she was Occupational Therapy Student Coordinator. She returned to South Miami Hospital in 1984.

Medical Technology

The placement provides experience in a large hospital with exposure to fully computerized laboratory services. Each section is equipped with terminals.

The Clinical Laboratory at Cedars Hospital covers approximately 7,800 square feet. The most recent CAP workload census reported an annual volume of over 950,000 billable procedures providing income of approximately $5.5 million. The lab sections observed are equipped with the most technologically advanced instrumentation available. These resources assure the availability of a wide variety of clinical materials for the program. The laboratory offers services 24 hours (3 shifts). Including personnel in anatomical pathology, the laboratory employes approximately ninety (90) personnel.

Virginia Guin, Laboratory Manager, is involved in the daily affairs and quality control of the laboratory. She serves also as Clinical Coordinator. Her undergraduate degree in Bacteriology and Medical Technology education were completed at the University of Alabama in Birmingham. She earned the Master of Science in Pathology at the Medical College of Wisconsin. She has been employed in Pathology in her current position at South Miami Hospital for two and one half years.

Clinical Instructors in each section are ASCP Registered Medical Technologists, MT (ASCP). Although students are always under the supervision of a staff technologist, the learning experiences are structured to require considerable independent judgment to achieve the objectives. The students have individualized instruction and equipment is readily accessible to them.

Students rotate through all sections of the laboratory with major emphasis in hematology, chemistry, microbiology, blood band and immunology.

Most instruction occurs as direct training experience at the bench. In each section, a Principle Instructor is responsible to see that learning experiences are designed and implemented to meet objectives and that students are evaluated according to established criteria.

Conclusions

1. All programs maintain written agreements with all affiliated clinical education centers. The responsibilities and obligations of each party are clearly defined. Some programs and/or facilities may attach an addendum to delineate more specific guidelines for the clinical program.

2. Hospitals and other facilities providing clinical education/field experiences programs maintain current accreditation with recognized agencies.

3. Each Facility provides access to a client base sufficiently large and diverse to permit students to fulfill clinical education requirements.

4. All FIU programs are fully operational and accredited.

5. Students are provided in advance a clear description of the clinical education program including learning goals, course objectives and competencies to be achieved.

6. In all program areas, clinical experiences are graduated and sequenced appropriately with the didactic offering.

7. The clinical practicum portion of the program provides each student with ample opportunity to obtain the required clock hours of supervised clinical experience.

8. All Clinical Supervisors/Coordinators/instructors are certified and have significant experience in their respective disciplines.

9. Direct clinical supervision is provided for students at all times.

10. The Clinical and Supervisor's responsibilities include student supervision and evaluation for clinical competency. In clinical settings where Clinical Instructors and Supervisors have clinical duties, their work responsibilities do not interfere with program-related instructional activities.

11. Açademic faculty (Clinical Coordinators) maintain a regular schedule of visits to the clinical education centers.

12. Evaluation systems are related to the objectives and competencies to be achieved. They allow for student self-evalution.

13. Evaluation systems are employed frequently enough to provide students and program officials with timely indicators of the students' academic standing and progress and the program's effectiveness in meeting the stated objectives.

14. Graduates of the various programs are employed in several of the facilities visited.

References

1. Florida International University (FIU), 1986-87 Academic Catalog, pages 264-269.

2. 1986 Clinical Practice Manual, FIU--Department of Medical Laboratory Sciences.

FLORIDA INTERNATIONAL UNIVERSITY

RECOMMENDATIONS:

1. The present complement of allied health programs should be housed within a single administrative unit, the School of Health Sciences

2. Although Dietetics and Nutrition possesses the elements to offer a doctoral program, until commitments are made on behalf of administration and the SUS for additional faculty and laboratory space, the launching of such a program should be delayed.

3. Laboratory space is at a premium for allied health programs. Efforts to examine the feasibility of constructing a building or identifying additional space should be encouraged.

4. The Prosthetics and Orthotics should be approved to offer the Bachelor's degree, as soon as possible.

5. Administration should study the feasibility of offering a graduate degree in Physical Therapy.

6. Efforts to fill faculty vacancies in Health Administration prior to the AUPHA site visit are encouraged.

UNIVERSITY OF FLORIDA

The College of Health Related Professions at the University of Florida is an academic unit of the Health Science Center. As such, it provides the opportunity to prepare individuals for a variety of health careers. This college offers professional preparation in nine different areas, with programs at the undergraduate level in six areas, masters degrees encompassing five fields and the doctoral degree in one area (Clinical and Health Psychology). The Masters of Health Science degree is an "overall" degree which permits students to have graduate emphasis in occupational therapy, physical therapy, rehabilitation, counseling and health and hospital administration (the MBA/MHS degree).

The College of Health Related Professions has direct access to Shands Hospital, the Veterans Administration Medical Center, and the faculties and staff of the University Medical Center.

In the past four years since the 1983 Board of Regents Review of Allied Health, there has been a substantial increase in expense and OPS categories. The increase in expense funding made possible a $750 allocation per faculty member for professional development purposes. Additional OPS dollars were used primarily for graduate student support funds. While this increase was helpful, the college is still losing top-rate graduate students to other programs offering higher stipends.

The shortage of OCO funds continues to be a problem. Since the majority of programs in the health related professions are technologically oriented, it is important that equipment be up to date and readily available for student use. The limited amount of funds available for equipment purchases impacts seriously on the quality of some programs in this college. It should be noted that the lack of OCO funds is not a problem restricted to this institution. It is a systemwide problem.

One of the most commendable evidences of progress since the last review, is the continuing increase in grant and contract support. In this past fiscal year, 57 percent of the total budget for this college was derived from contract and grant funds with a little more than 43 percent of the support coming from state appropriated funds. It is obvious that the State of Florida is getting a lot for its money through the efforts of this college.

The addition of seven new faculty positions since 1983 is a most noteworthy achievement, and is reflective of the strong support given this college by the university administration.

Although the programs of the college are all good, and some truly outstanding, there are still some concerns which must have the continued attention of those responsible for the institutional good. One of these concerns is common to all of the departmental programs and will be noted in this general overview of the college; others will be dealt with under individual departmental notations.

The lack of adequate space is the number one problem for the college. Since the last Board of Regents Review, some success can be reported in obtaining a limited amount of new space. A large trailer has been renovated to accommodate the research activities of select faculty members from the Department of Physical Therapy, Clinical and Health Psychology, and Communicative Disorders. In addition, a cinder block building was remodeled to house a graduate research program. Both of these facilities are approximately two and a half miles from the Health Center.

It seems ironic that the state finds it impossible to provide adequate space for strong programs vital to the welfare and health of the State at this institution. This institution has just been selected to join the most prestigious group of universities in North America, the Association of American Universities (the 57 outstanding institutions on the continent).

There is, however, a brighter side to this situation, because with the completion of the Academic Research Center about 1989, the College of Health Related Professions will be able to move into 10,000 square feet of renovated space currently utilized by the College of Medicine. Until then, unfortunately, the faculty, staff, and students will continue to be housed in cramped quarters.

Real progress is noted in the stability of faculty during the past several years and the "leadership vacuum" noted in the 1983 review no longer is a problem. All of the "acting department heads" have now been filled with full-time, permanent personnel.

The following programs were visited during the past several years by representatives of the appropriate professional accrediting organizations and were judged to be in compliance with their standards:

Clinical and Community Dietetics
Clinical and Health Psychology--Internship
Medical Technology
Occupational Therapy
Physical Therapy

In addition, the Rehabilitation Counseling program was reaccredited on the basis of a written report evaluated by the Council on Rehabilitative Education.

Students in the College of Health Related Professions are of high quality and enrollment in the College is stable. Two programs (Medical Technology and Occupational Therapy) have decreased in applicants, a situation found in many institutions across the nation. Students in Health Services Administration and Clinical and Health Psychology continue to be among top-ranked students on the total university campus.

DEPARTMENT OF HEALTH SERVICES ADMINISTRATION

Changes in the health services industry have made the work of the Department of Health Services Administration even more important. Diversification and consolidation have led to increased demand for managers with strong business backgrounds who can bring "bottom line" skills and attitudes to health care management. The efforts of the University of Florida to meet these developing needs, through a revised program, is most significant. The new program, the MBA/MHS, is receiving strong public acclaim throughout the entire country. A strong faculty, good students, and a curriculum which integrates theory and practice make for an outstanding program.

One of the most significant distinctions for this department is the selection of its head, Dr. Barry Greene, as the "outstanding teacher of the year" by the School of Business for both 1985 and 1986.

In the interim, since the 1983 BOR Review of Allied Health, the Allied Health Technician Program (AHTP) and the BHS for Dental Hygienists have been discontinued as major under the Bachelor of Health Science degree. The AHTP courses continue to be offered as support courses for the health related program students and upper division UF students in general. The dental hygiene program was discontinued because of the belief that baccalaureate education in this field is not appropriate.

DEPARTMENT OF CLINICAL AND HEALTH PSYCHOLOGY

The Department of Clinical and Health Psychology is engaged in preparing persons in several health psychology tracks or emphases such as pediatric, medical and neuropsychology. While master's degrees may be a "milestone" in the program, the total program is geared to a doctorate in the clinical/health psychology field.

The department has an able faculty and the entire program is considered as one of excellence among similar programs in the nation. It is important to note the high quality of students in this department, with a number of outstanding universities of the country serving as the undergraduate base for these students.

DEPARTMENT OF COMMUNICATIVE DISORDERS

The Department of Communicative Disorders is a strong department and constitutes the clinical counterpart of the speech and hearing work done through the College of Arts and Sciences.

The most significant changes that have occurred in this department since the 1983 review are all related to meeting four long range goals articulated in the 1984 six year long range plan for the Department of Communicative Disorders. Considerable progress has been made on each of these goals.

Goal number one was for expansion and updating of the clinical, teaching and research program in speech pathology. In line with this goal, the department received a new faculty line through quality improvement funds from the Vice President of Health Affairs and AEF supplemental funds from the department clinical program to hire a new faculty member who has a joint appointment in neurology.

The second goal was for an upgrading of the audiology program through more basic hearing research and the development and strengthening of new programs in cochlear implants, hearing aid disbursements, brainstem audiomotry, etc. Considerable progress has been made in all of these areas over the past four to five years.

The third year was for improving the Craniofacial Center program, established and approved by the BOR in 1982. Considerable progress has been made through a Jessie Ball duPont Foundation grant of $150,000 to facilitate an outreach education program to parents and doctors in communities throughout the state in regard to care for infants born with craniofacial, cleft lip and palate and other related disorders.

The final goal was for providing sufficient space and faculty for a more integrated program in graduate education, in speech pathology and audiology with colleagues in the Department of Speech, College of Arts and Sciences. This goal is limited to space and faculty and budgeting limitations. Problems have been reviewed extensively and will continue to be reviewed to provide an optimum program for students at the University of Florida wishing to major in training in this area of the Health Related Professions.

In regard to goal three, the Craniofacial Center Program is administered through this department and includes some twenty seven faculty members from the College of Medicine and Dentistry as well as this college. An expanded program to treat congenital disorders of all types involving craniofacial abnormalities was implemented over the past four years. The program is now reviewed and supported in part by the Children's Medical Services, Division of HRS. It facilitates the training of professional students in the colleges of the area of cleft palate and related craniofacial problems and their management. The program is evolving towards a tract in learning disabilities with focus on birth to three.

In regard to goal four, the Deans of Arts and Sciences and Health Related Professions in 1984 appointed a joint committee of the faculties who provided recommendations for the further integration of the two department programs mainly concerned with the graduation education of students majoring in speech pathology and audiology. It was determined for the time being, that space and faculty line resources distributed from two different funding sources are too limited to recombine these two programs into a single department program limited to the graduate level education of speech pathologists and audiologists at the University. The present inter-college cooperative system seems most economical and effective for providing a complete state-of-the-art education for this health related profession.

The most pressing problems confronting the allied health program in communicative disorders, (speech pathology and audiology) centers around the limited space, faculty and budget available through the academic programs in arts and sciences as well as College of Health Related Professions. There is a need for closer coordination between faculties supervising masters theses, doctoral dissertations and graduate courses along with the advanced practicum training provided at the J. Hillis Miller Health Center. The Department of Speech program includes undergraduate students in general speech arts and sciences and graduate programs in communication sciences and public address, debate, etc. in addition to speech pathology and audiology. Coordination is also necessary with the College of Education for those students taking the tract leading to the Masters of Education degree.

The feedback received relative to the graduates of this program is that they are in great demand. Most have from five to six different positions they can apply and qualify for. The trend, in recent years, has been towards hospital practice and private practice in speech pathology and audiology.

DEPARTMENT OF OCCUPATIONAL THERAPY

The most significant changes in the program are as follows:

The vacant department chairperson position was filled in 1984.

A new state-funded faculty position was granted in 1986 which in part, replaces those positions previously funded on federal Child Health Services grants that ended August 31, 1982.

A faculty clinical practice was initiated in Fiscal Year 1983-84 in the area of pediatric occupational therapy. The faculty practice was expanded in 1986-87 with the establishment of the Work Hardening Program for injured and disabled adults. Other faculty practice initiatives have included consultation and contract services with HRS facilities in 1984 and 1987.

A postbaccalaureate program for entry into the existing OT master's program was initiated in 1986. This new program with a capacity of 10 students will provide entry and advanced professional education to persons who have baccalaureate degrees in fields other than occupational therapy. Efficient in design, the curriculum includes entry level training through undergraduate coursework and then the existing advanced master's program, in its entirety. The program commences with two students, Fall 1987.

Three candidates with doctorates have been successfully recruited, which is significant, considering that there are fewer than 200 occupational therapists who hold this degree. The increase in doctoral trained faculty has resulted in the initiation of a research program in occupational therapy.

The graduate program through the Masters of Health Science degree has been revised to emphasize occupational therapy research and theory and to expand the electives available for individual specialization. This change is in keeping with professional impetus nationally, to advance theory and research in OT and reflects attempts to develop rigorous graduate education in OT. Clinical specialization is still available to students through electives, practicum and internship at the Health Science Center and other clinical facilities.

In 1987, the curriculum was awarded continuing accreditation status after a site visit and self study review, by the American Occupational Therapy Association in conjunction with the American Medical Association (AOTA/AMA). The program at the University of Florida was selected to be one of the first schools to receive accreditation for seven years as the AOTA/AMA moves from five to seven year accreditation terms.

The space situation continues to be the major problem for this department; however, as indicated previously, there is a "light at the end of the tunnel."

DEPARTMENT OF PHYSICAL THERAPY

Currently the Department of Physical therapy has 1 graduate, 29 senior and 30 junior students. Upon completion of the appropriate curriculum either a Master of Health Science or a Bachelor of Health Science in Physical Therapy degree is awarded. There are presently six faculty members who have full-time responsibilities to the educational program, the seventh faculty line is vacant. There are currently nine faculty who have full-time responsibilities for the provision of physical therapy at the Sunland Center and Pediatric Cluster Home in Gainesville, no lines are vacant. The department chairperson is the administrator for all educational, research, ad services related activities.

The department celebrated the 25th Anniversary of its establishment this year, with approximately 200 alumni and other participating in the occasion.

The department initiated its advanced graduate program in the Fall of 1986, with one student matriculating in the graduate curriculum with a major emphasis in the musculoskeletal track.

This department, located as it is in an academic health center setting, has the obligation to continue in a leadership role, rather than merely serving as "just another physical therapy program". Consequently, it is reemphasized that it is appropriate for this department to move to the master's entry-level program in PT, not as a response to any APTA requirement or "mandate", but rather as an indication that the State of Florida has an institutional PT program that can take its rightful place alongside such institutions as Emory, Duke, University of Southern California and other leaders in this field.

DEPARTMENT OF REHABILITATION COUNSELING

The Department of Rehabilitation Counseling at the University of Florida was the first graduate program in rehabilitation counseling in the southeast and among the first in the nation. Since 1955, this program has been a national leader in the preparation of professional rehabilitation counselors and in rehabilitation research. Approximately 645 graduates have achieved the master's degree from this program and service as professionals in rehabilitation settings in Florida and throughout the nation. This program has been accredited by the Commission of Rehabilitation Education since this accrediting process was initiated in 1975. In 1983, an undergraduate degree in Rehabilitative Services was initiated and approximately 29 students have graduated from this program.

The program provides graduate academic instruction and applied training the the areas of: 1) counseling theory and techniques, 2) medical, social and psychological aspects of disabilities, 3) vocational assessment 4) occupational information analysis, 5) job development and marketing, 6) vocational placement, and 7) research in rehabilitation. The undergraduate academic program prepares students for a variety of job positions in human services. Academic instruction includes: 1) interviewing and communication skills, 2) social and psychological aspects of disabilities, 3) practice in a variety of rehabilitation settings, and 4) electives individualized to each student's career plan.

The Vocational Consultation Services (VCS) is a clinical service unit of the Department of Rehabilitation Counseling and involves the provision of vocational consultation services to hospital patients and others in need of this specialized component in rehabilitation services. The VCS provides the services of vocational assessment, counseling, and planning for career development and job placement.

This department is in the forefront in giving emphasis to legal problems which must be understood in rehabilitation services, particularly those problems related to insurance carriers.

With the growth of the academic program and direct service component, the addition of another faculty member is a pressing problem. Increasing salary lines to attract well-qualified and experienced faculty members to complement existing faculty is also a major concern. Space to adequately administer programs is a problem that constantly impacts the program.

DEPARTMENT OF MEDICAL TECHNOLOGY

During the period since the 1983 BOR Allied Health Review, the Department of Medical Technology has moved forward in requiring all students to acquire a sound working knowledge of computer systems as they relate to clinical laboratory practice. Some computer assisted instructional materials have been utilized by the MT students; however, for the most part, clinical laboratory computer applications have been left to the affiliated hospitals, since the availability of hardware in the School of Health Related Professions is quite limited.

There are several problems which the field of medical technology is confronting at this time, and these have a direct effect on educational programs, including the one at the University of Florida. These include:

a. Difficulty in accurately predicting manpower needs for the future. In 1983 with the beginning of the federal prospective payment system, all indications were that fewer baccalaureate level medical laboratory scientists would be needed. Following a two year "leveling off period", it has been the experience of this program and of other university-based educational programs in the southeast, that it is impossible to supply enough manpower to meet hospital requests. Another sector of the health care delivery system, the out-patient facility, relies to a large extent on clinical laboratory testing. In this sector, the need for medical laboratory personnel is in a growth phase.

b. A second pressing problem is student recruitment. This is due in large measure to the fact that the beginning salary level of medical technologists is similar to that paid to beginning teachers. Many students who have the ability to complete the difficult prerequisite chemistry, biology and mathematics courses enter medicine, dentistry, pharmacy, or veterinary medicine where the financial rewards can be significantly greater. Another factor which is projected to cause increasing problems in student recruitment in the next few years is the possibility of contracting HIV in the process of collecting and handling patient specimens from unknown AIDS cases. While we fully recognize that the probability of contracting this infection is extremely low providing proper care and safety measures are used, it is a fact of life that students do not select careers that are considered "high risk" without sufficient financial gains or other motivational factors.

More attention must be given to recruitment and particularly to minority recruitment. In this regard, it is suggested that efforts be made to work more closely with selected community colleges in continuing analyses of course content in order that transfers may be facilitated.

The fact that this department was successful in recruiting a Ph.D. faculty member in biochemistry leads to the hope and expectation that research efforts can be increased in the near future.

CLINICAL AND COMMUNITY DIETETICS PROGRAM

Perhaps no program in the allied health sector of the State University System has made more progress since the last review than the Clinical and Community Dietetics Program at the University of Florida. Indicators of the progress can be seen in such factors as: 1) a new program director with a doctoral degree, 2) the employment of an additional faculty member who holds a doctoral degree, 3) the creation of an Alumni Advisory Board and Clinical Facilities Task Force to advise on program operations, 4) a sharp increase in faculty productivity with regard to funded as well as unfunded research and publication, and 5) the elimination of the modular system of teaching.

The "feedback" from the field is excellent. Questionnaires have been utilized in assessing the quality of the students and the preparation program. Reports are all good whether they be from hospitals, maternal and infant care clinics, wellness centers, spas, or private clinic practice.

The Clinical and Community Dietetics Program co-sponsors a monthly Nutrition Seminar Series with Shands Hospital and the Department of Food Science and Human Nutrition. This provides the opportunity to receive continuing education credits. The program also sponsors a special 4 hour continuing education workshop each summer. In addition to these opportunities, faculty also are able to participate in many Health Center educational activities such as medical grand rounds, pediatric rounds, and the International Health Seminar Series.

Faculty development opportunities also include travel to attend meetings and seminars both in state and out-of-state. This past year for example, faculty member Shim attended the American Dietetics Association Conference of Advanced Practice and Research (Illinois), faculty member Jackson attended the International Health Conference sponsored by the National Council of International Health (District of Columbia), and faculty member Kauwell attended a sports nutrition workshop (Connecticut).

The most pressing problem confronting dietetics is the recruitment of qualified students. Dietetics not only competes with other allied health fields, nursing and medicine, but qualified students also are now seeking careers in business and law. Minority recruitment and retention continues to be a concern. There is also a need for additional computer support for students since many aspects of nutrition and dietetics now require computer skills.

PHYSICIAN ASSISTANT PROGRAM

The major changes in the Physician Assistant Program since the Board of Regents evaluation of 1983 have included the recruitment of a completely new faculty, including the Program Director. Changes accomplished by the Director and his faculty include the complete revision of the curriculum in its educational objectives, course outlines, and evaluation instruments and methodologies. These changes resulted in the Program's receiving full accreditation from the Committee on Allied Health Education and Accreditation (CAHEA), with the added distinction of having received no criticism from the CAHEA site visit team during the accreditation site visit, which validated by external review that the total revision of the Program was considered to be of high professional quality.

The clinical training of the Program is particularly notable in the changes that have been accomplished since 1983. In terms of the Program's clinical offerings, the number of clinical sites has more than tripled since the new director revised the entire curriculum. A clinical program such as the PA Program can be rich in its clinical education only by providing both quantity and quality in clinical experiences. The addition of numerous clinical experiences has served to provide a greater diversity for the senior year of training, thereby enabling the Program to better meet the individual needs of its clinical students.

Moreover, in an effort to further meet the needs of clinical students, the clinical phase of the Program has been structured such that students from Jacksonville, St. Petersburg, or Miami may now return home to live in their home cities and receive their entire clinical training through the clinical offerings available at these sites. This is seen as a positive evolution in providing students less disruption in their personal lives while at the same time enabling them to complete a quality education. Since the PA Program at the University of Florida must serve the entire state, this latter development is felt to be particularly significant, since the cities mentioned are of high population densities within the State of Florida. Further, the Program has appointed an on-site clinical coordinator to serve at each of these major clinical sties, to ensure the continued quality control of the clinical training of PA students.

The Program was successful in negotiating an affiliation agreement with Jackson Memorial Hospital, which is the major teaching hospital for the University of Miami, to allow physician assistant students to rotate in their various clinical departments. This accomplishment will represent the greatest single source of new clinical rotations for our students in Florida's largest hospital. It is felt that this new affiliation agreement will greatly increase the applicant pool from the Miami area because of the opportunity for senior students from that area to return to Jackson Memorial Hospital to do the preponderance of their clinical training.

An additional change of major significance is the complete revision of the Program's Graduate Role Delineation, which specifies the minimum experiences to which a PA graduate will be exposed by the time of completion of the two years of training. This document is sent to every clinical preceptor, in an effort to establish the minimal competencies expected during the clinical preceptorship.

In addition, a completely revised evaluation system has been developed as a feedback loop to validating the Program's educational objectives. A particular reference should be noted to the evaluation of clinical students that , prior to 1983, never received any written cognitive evaluation of their knowledge of each discipline of medicine as they completed their clinical training in that discipline. It is felt that the addition of cognitive competence of PA students whose clinical practice, as evaluated through clinical preceptors, should correlate with their written evaluations, to demonstrate the minimal mastery of clinical objectives.

As mentioned above, every major clinical site currently has a faculty member who either serves full-time with the University or holds a clinical faculty appointment to serve as on-site clinical coordinator. This addition to the clinical site and the PA Program based in Gainesville provides an absolutely essential link to quality control of the educational experience in the decentralized sites, making possible the ability to increase the clinical training opportunities without sacrificing the quality control of the experience.

In an effort to improve communication with students, there is now an increased communication link that has been developed since the last site visit by the Board of Regents. This link provides for a monthly meeting of students with the Program Director. At this meeting, all problems are dealt with collectively. Of course, throughout the month the Director and faculty members remain available for discussion with students, as needed.

Further changes have occurred in the Program's admissions process. All admission forms have been changed, and procedures have been changed, including prerequisites and the requirement of a minimum of 64 hours of transfer credit in order to enter the PA Program. All admission procedures have been revised such that all data on applicants are converted to numerical values and all applicants are ranked numerically, including the ranks resulting from personal interviews. It is felt that this provides a maximum degree of standardization of evaluation of applicants. The final selection process is made by the faculty, utilizing both the objective data as well as the faculty's subjective opinions about the best applicants for admission.

The administrative structure of the Program was changed by the Dean of the College of Health Related Professions, effective July 1, 1985. Now, administratively the Director of the PA Program answers directly to the Dean of the College of Health Related Professions. Since the Program remains a free-standing administrative unit without departmental status, the tenure earning lines of the PA faculty are under the Chairman of the Department of Health Services Administration. A review of the faculty's scholarly activities and professional growth and development is carried out on an annual basis by the Chairman of Health Services Administration in collaboration with the Director of the PA Program.

It should be mentioned that the majority of the administrative and academic changes in the PA Program that have occurred in the last few years came as a result of the self-study process that the Program went through in the Fall of 1983, prior to the accreditation site visit in the Spring of 1984. It is felt that the self-study provided a meaningful vehicle for a thorough and complete analysis of the educational and administrative process within the PA Program, resulting in the changes that have been referenced above.

In addition to these changes, the PA faculty have been encouraged to pursue their scholarly responsibilities in the area of research and publications. Their activities in these areas have been notable, particularly in the last academic year. Since 1983, a regular graduate follow-up survey has been conducted not only among the graduates of the University of Florida PA Program but also among those physician assistants who practice within the state. This survey is felt to provide important administrative and academic information regarding the relevancy of clinical practice to the educational process. This ongoing feedback loop remains a dynamic method of ensuring the relevancy of curriculum to clinical practice within the state. As further evidence of the Program's emphasis of research activities, the Director of the PA Program serves as the Chairman of the Professional Research Committee for the Florida Academy of Physician Assistants (FAPA). This collaborative effort between the professional organization (FAPA) representing physician assistants in the state and academic arm (UF PA Program) of the profession represents an important marriage of energies to ensure the support of such important research.

The PA Program has also been very active on a national level, representing the University in the Association of Physician Assistant programs and the National Commission for Certification of Physician Assistants. On a state level, the Program Director has served on both the Board of Medicine's Physician Assistant Advisory committee and the Board of Osteopathic Medical Examiner's Physician Assistant Advisory Committee; these committees are the two statutory committees established for the review and licensure of physician assistants and for the development and maintenance of rules governing the clinical practice of physician assistants in the State of Florida.

Since 1983, the Program Director has encouraged all faculty members to remain clinically current by having regular clinical practices, to ensure their own continued clinical competence as well as providing them a "real world view" of the ever-changing and evolving practice of medicine. By keeping active in clinical practice, the faculty also serve as role models for PA students.

Finally, the PA Program through its acquisition of computers funded by federal grant money, has succeeded in computerizing the entire educational program, both at an academic and administrative level. Included in this computerization is the entire admissions process for the Physician Assistant Program.

At a national level, the physician assistant profession is listed as being in the top 12 fastest growing professions in the health care industry. With only one program serving an entire state which within the next three years will be the third largest state in the country, the PA Program is faced with a service demand that exceeds the ability of a 4-member faculty to meet. These is a tremendous need for expanding the PA faculty, for increasing the enrollment in the Program, and for working through the Department of Health and Rehabilitative Services, the Department of Corrections, and other appropriate public institutions to increase the awareness of the need for the utilization of physician assistants and to attempt to impact on realizing the full potential for the Program. These important tasks simply cannot be done by the existing faculty. To expect the University recruiter representing the entire University of Florida system to explain the PA profession and to recruit qualified students for the PA Program is unrealistic; moreover, the establishment of contact with the multiplicity of practice settings that should utilize physician assistants, is simply a task too large to manage with the current staff.

In light of the multiplicity of technical changes involved in current clinical medicine and the desire for many students to have upward mobility in the acquisition of academic credentials, the PA Program must give serious consideration to the development of a graduate program to meet specialized service areas such as geriatric medicine, by providing academic tracks for a masters level program for selected PA graduates. Emory University, the program geographically nearest to the University of Florida, has in fact converted its undergraduate program to a masters track--a philosophical decision that the current administration of the University of Florida PA Program does not share as a goal. However, with the evolution of the profession, the need for a masters track for certain disciplines is apparent, with offering such an educational opportunity to limited numbers of PA students would be a valuable addition to the current educational offerings at the undergraduate level within the next four or five years.

The PA Program has a good record in the area of minority recruitment, with the percent of entering class averaging 18% over the past five years.

A major problem of articulation with the community colleges is the difficulty posed in evaluating the academic work of students from the many junior colleges in the State of Florida. Although a uniform course numbering system exists in Florida, the PA Program finds that the course content continues to vary greatly among these institutions. Because of the PA Program's need to recruit from the junior colleges, such variations make the evaluation of the prerequisite courses a difficult task. This difficulty is seen as a major problem in meaningful articulation between institutions.

EXTERNAL CONSULTANT'S CLINICAL SITE REVIEW

A. Summary:

This report embodies the findings of a site visit made to the University of Florida, College of Health Related Professions, Gainesville. The visit covered on site examinations of the clinical facilities used by the College of Health Related Professions in Gainesville as well as Jacksonville, Florida.

It included interviews with a large number of clinical supervisors at a number of sites as well as faculty responsible for the clinical training at the University of Florida. Available students were also interviewed.

Clinical training for the following programs was reviewed:

Clinical and Health Psychology
Clinical Laboratory
Communicative Disorders
Food Services and Dietetics
Health Services Administration
Occupational Therapy
Physical Therapy
Physician Assistant

Because of the nature of their programs, clinical sites for programs in Communicative Disorders, Clinical Psychology, and Health Services Administration were not visited.

Visits were made to the following Clinical Facilities:

Shands Hospital, Gainesville
Veterans Administration Hospital, Gainesville
Veterans Administration Nursing Home, Gainesville
Alachua General Hospital, Gainesville
University Hospital, Jacksonville
University Family Practice Unit, Jacksonville

These sites probably represent 75-80% of all the clinical training settings for students in the College of Health Related Professions.

This report will address directly the ten specific questions posed by the Board of Regents, but I believe it would be helpful to provide first, a general summary of this visit.

In my opinion, the clinical training provided students of the programs at the sites visited is excellent to superior, overall. The physical plants are quite comprehensive and under good maintenance. Except for some crowding in the

Physical Therapy Unit at Shands Hospital, all the other facilities were adequate to ample. The Physical Therapy unit at Shands is awaiting completion of a new ambulatory care center which will provide superior space for their program.

The clinical supervisors whom I interviewed at the various sites were well prepared, had good to extensive experience in handling students and expressed genuine enthusiasm for their work as well as their charges.

The administration at the clinical sites has supported educational programs for a number of years and evidenced a continuing commitment to the programs.

Although there is very limited acceptance of the Physician's Assistant students at the Shands Teaching Hospital and none at Alachua General, this is more than compensated for by the enthusiasm and support for this program at the University Hospital in Jacksonville. It is my understanding that a similar support exists for the program at St. Petersburg, a site which was not visited.

The Departments of Communicative Disorders and Clinical and Health Psychology, provide the clinical facilities and clinical training for their students, consequently, they have no local sites other than their own. These are appropriate and meet the accreditation requirements of their disciplines. Advanced off campus training for doctoral students is secured at previously approved and accredited sites.

Health Services Administration has a 12 month residency program negotiated with CEO's at a variety of health care institutions throughout the country. They are not clinical by definition and are exclusively administrative in character. They meet the accreditation standards of their profession and are visited annually by the program director or his designee.

The Departments of Physical Therapy and Occupational Therapy maintain a large number of clinical sites throughout the United States. This is not unusual for such programs. A consequence of this wide dispersion is that cost and distance prohibit visitations to may of them on a regular basis. These facilities and their clinical supervisors are known to the faculty of these programs and they maintain continuing communication via telephone and mail. They meet occasionally as well with their location clinical supervisors at conferences and meetings throughout the year and maintain a fairly reasonable contact with them. Student evaluations and performance provide additional feedback to faculty on the quality and character of the experience.

I cannot close this portion of the report without recognizing the complete support and cooperation which was provided me by the Dean, his administrative staff and the involved faculty. They made a difficult, concentrated series of site visits not only feasible but delightful.

B. Questions:

1. Review contractual arrangements between institution and clinical affiliates.

Standard affiliation written agreements exist between the University of Florida and each clinical affiliate. There is also a "master" written agreement with those affiliations which provide multiple clinical experiences for more than one college or program.

2. Does the clinical supervisor hold proper credentials in the appropriate field?

   The clinical supervisors at all of the sites visited hold the appropriate credentials required for their roles as preceptors for the students. In addition, some of them hold adjunct appointments in the College of Health Related Professions. It is of interest of note that the State of Florida offers these clinical faculty 6 hours of tuition free education at any state university for every 300 student contact house provided. The clinical faculty are encouraged to attend continuing education programs which the College of Health Related Professions provides from time to time.

3. Does the clinical supervisor inform the students of the standards, responsibilities, procedures and guidelines in the clinical setting?

   The students in all of the programs receive detailed written or oral instructions relating to their roles, responsibilities, and expected conduct at all affiliations. They are also impressed with the importance of their conduct in dealing with patients.

4. Does the clinical setting afford sufficient opportunities for students to receive a variety of experiences for a sufficient length of time?

   All of the settings visited provided an appropriate length and variety of experiences befitting their areas of specialization. As in all clinical training, the constraints of time and the currently available mix of patients will at times dictate the extent of any experience. This is recognized by the faculty and suitable supplementing experiences are provided students who either missed certain clinical pathology or need remediation or reinforcement.

5. Does the institution provide supervision for the students while they work at the clinical site?

   The institutions offering clinical experiences for the allied health students without exception provide appropriate supervision of the students assigned to their units.

6. Does the faculty make a formal visit to the clinical affiliate?

   In all of the programs with the exceptions noted previously in the summary, the students are visited regularly by the faculty of programs. The frequency of the visits may differ by discipline and length of the rotation. Some students are visited weekly (e.g. Dietetics, Medical Technology, Physicians Assistants), other out-of-state sites may be visited annually or every two years depending upon need or distance (e.g. Physical Therapy, Health Services Administration).

7. How are grades for students determined (and by whom) for clinical work?

The grades for the students on their clinical rotations are determined in a variety of ways: a) the grade may be given by the direct preceptor or b) the preceptor in consultation with the area supervisor or c) one or both in consultation with the faculty or d) they may submit a rather detailed evaluation and the faculty member makes the final decision on grade. However varied the individual process, the final grade is arrived at in a careful and deliberate fashion.

8. Are other institutions utilizing some clinical facilities? If so, how are priorities determines?

In all of the clinical sites included in this visit the University of Florida students of the College of Health Related Professions have either exclusively of access to the special facility or are given first priority. In most cases there is exclusivity.

9. Do contractual arrangements have signatures of the President of the University, CEO of the clinical institution or other authorized representative?

Contractual arrangements between University of Florida and the clinical affiliations bear the signatures of the authorized representative(s).

10. Is there a debriefing period with the student when he or she completes the clinical affiliation?

In all cases there is either a written formal or oral informal debriefing of the students, either during and/or at the end of their rotation. In addition, the clinical facility is provided a summary of complete evaluation of their facility, retaining the anonymity of the particular student(s).

The faculty use these debriefing evaluations to help correct deficiencies in the clinical experience or in some cases where remediation is impossible they may disaffiliate from that particular institution.

C. Conclusion:

Overall, the clinical affiliates and their relationships with the University of Florida provide exemplary clinical experience for the students within the programs. Each of the parties; the affiliate, the faculty and the student are aware of their role, function, and responsibilities and available evidence indicates that the students receive an excellent, well supervised clinical experience.

UNIVERSITY OF FLORIDA

RECOMMENDATIONS:

1. As the lead research institution in the SUS, administration should plan the implementation for offering an entry-level Master's program in Physical Therapy.

2. In view of the changes taking place in the health care delivery system, studies should be undertaken to expand the present enrollment level in the Physician Assistant's program; and as a part of the study, attention should also be given to the viability of offering a Master's degree with specialty tracks.

3. Administration and the SUS should consider identifying additional funds to support graduate students and make the graduate programs competitive with other like institutions.

UNIVERSITY OF WEST FLORIDA

The University of West Florida still has a single program in the Allied Health area, namely a program in Medical Technology administratively housed in the Department of Biology, College of Arts and Sciences. Within the last two years, this program which was operated as a "3 + 1" type has been changed to a university based Medical Technology Program of the "2 + 2" type. The affiliated hospitals have been much better satisfied with this arrangement and are high in their praise of the quality of students and the preparation which these students bring to their clinical activities.

The University has made it possible for the program to have the needed equipment for teaching; however, it is difficult for the equipment to be utilized to the best advantage because there is no dedicated laboratory for Medical Technology and it is necessary that all equipment be removed and placed in storage after each lab session in order that other courses may use the labs.

The curriculum which has been in operation under the "2 + 2" program is sound. With the long-standing reputation of the Department of Biology for quality programs, the Medical Technology Program enjoys a fine reputation.

There is a commitment on the part of the university administration to continue the program, but with the stipulation that the enrollment be increased. With eigthteen places in the excellent hospital settings there obviously is room for additional students. It is recommended that the University strive for approximately 36 to 45 students in the program "pipeline" (i.e., junior and senior years). This should be an objective of the University within the next four or five years; however, it must be pointed out that at least two full-time faculty members (plus adjuncts) and preferably three full-time faculty will be necessary for this program.

It is recommended that the Health Service Committee be reconstituted and put into action as soon as possible. On occasion, some consideration has been given to a shift in administrative structure so the Medical Technology program would become a division of the Nursing program; however, it is recommended that any move be posponed for this coming year. At the appropriate time, it is suggested that the Health Service Committees recommend to the University administration the administrative placement for this program.

EXTERNAL CONSULTANT'S CLINICAL SITE REVIEW

Medical Technology Program

Baptist Hospital, as described in the Review Update of University of West Florida, July 1987 (page 21), is a 520-bed hospital specializing in oncology, orthopedic surgery, neurology and trauma and spinal cord surgery. Three hundred twelve thousand lab procedures were performed in fiscal 1985-86. The technical staff numbers about 75, almost all of whom (except for phlebotomists) are certified medical technologists.

I met with the laboratory section supervisors as a group and afterward, with the laboratory manager, Mrs. Carol Harrison and the pathologist-medical advisor, Dr. Alan Hulett. I was escorted through the lab by Beni Ballmes, education coordinator, where I spoke again to most of the section supervisors.

Sacred Heart Hospital, as described in the Review Update (page 22) is a 320-bed hospital specializing in pediatrics, obstetrics, gynecology, cardiac care and surgery. Four hundred thirty thousand lab procedures were performed in 1985-86. The technical staff are almost all certified medical technologists.

I met with each of the following separately: the lab manager, Mrs. Joan Daughdrill; one of the pathologists; Dr. Bell and the education coordinator, Mrs. Sandra Young. Mrs. Young escorted me through the lab where I spoke to most of the section supervisors.

Both laboratories are JCAH, CAP and Florida HRS accredited. The physical facilities are clean and spacious and the laboratory instrumentation is state-of-the-art. The technical staffs of both labs are stable--very little turnover at the level of section supervisor and above. Both labs appear to provide laboratory tests and services that are well-controlled for quality and appropriate to the types of medical services provided by the hospitals.

Both of these facilities ran CAHEA accredited medical technologist programs until the recent past when they ceased operation in favor of affiliating with the UWF. The students in the first class taught in the new arrangement completed their clinical experiences at the hospital in June and are scheduled to receive their BS degree on 8/1/87. There were 7 students in the class, 4 at Baptist and 3 at Sacred Heart.

The lab managers and medical advisors at both sites believe that this program serves a very useful purpose. They all expressed support for the program and the desire to see it continue. Although recent graduates have fewer choices of positions than past graduates, the job market for MR's in the Florida Panhandle is good. All 7 graduates could have taken jobs at their clinical site (4 did; 3 will locate outside of Florida) and there are 2-3 openings at present at each site. The faculty at UWF and the clinical faculty all know of jobs available in the immediate area.

The affiliation agreements between each hospital and UWF were executed in June 1986 and they appear to be in good order. They each contain the statement: "This affiliation agreement shall be in effect for an initial term of one year with the provision for automatic renewal."

Since the first class was just graduated, it is appropriate for both parties of each agreement to review the agreement to determine if any changes are needed for subsequent years. The laboratory manager at Sacred Heart has notified UWF of her desire for such review.

The Baptist agreement needs clarification regarding the number of students Baptist can accommodate for clinical experiences. The agreement states "no more than 10 students shall be assigned to the Hospital each year." This is interpreted at Baptist to mean 5 students at any one time. At present, a group of students spends 27 weeks at Baptist and another group could be accepted for the other 27 weeks of the year. As the program at UWF is structured, only one class per year is prepared for clinical education. The number of students was not a problem last year when there were only 7 students to be divided between Baptist and Sacred Heart nor will it be a problem this year when, again, there are 7 students to be sent to the clinical sites. When enrollment approaches 14-18 in the Senior Year, the exact numbers to student-places will need to be determined.

The UWF holds the programmatic accreditation for the program. Sacred Heart agreed to "transfer of sponsorship" and CAHEA (on recommendation of NAACLS) awarded accreditation to UWF on this basis for 2 years. A new self-study report is due 11/1/87 and a site visit is projected for Spring 1988. Baptist, however, did not relinquish its accreditation status with CAHEA. Its status is INACTIVE and Baptist takes only UWF students. It has held its accreditation status in reserve should the UWF program be discontinued.

The instructors at both sites were very pleased with the current arrangement i.e. students take clinical coursework in Summer and Fall terms before they come to the sites for their clinical experiences. For the most part, they are experienced instructors, having had students under the prior arrangement of totally hospital-based clinical education. Some instructors told me that they had wondered about the ability of UWF to prepare the students adequately. All students were well prepared, however, the advantages of students having had instruction prior to clinical experience became quite obvious. The instructors believe that the communication between themselves and the UWF faculty is very good and that the UWF faculty support the clinical instructors to the best of their abilities. (The UWF faculty prepare written tests for the students.)

At present, there is good rapport between UWF and its clinical affiliates. The clinical sites are fortunate that the university was willing to assume the responsibility for the academic aspects of MT education in Florida Panhandle when they closed their programs; the UWF is fortunate that Sacred Heart and Baptist were willing to continue to supply the clinical experiences that are essential to MT education.

UNIVERSITY OF WEST FLORIDA

RECOMMENDATIONS:

1. Administration should reinstitute the Health Services Committee to offer direction and leadership for the Medical Technology unit.

FLORIDA A & M UNIVERSITY

As indicated in the initial BOR Review of Allied Health (1983), Florida A&M University has followed a careful planning process in the development of its allied health programs and this procedure is paying dividends now. The four programs currently housed in the School of Allied Health Sciences are designed to meet important needs of the state and this region of Florida. An overall view of the health related programs at FAMU indicates that there is a growing stability in the faculty, although the Health Care management needs immediate attention so far as faculty is concerned. Administrative support for the programs is strong and there is a continuing search for new and innovative approaches to curriculum development. One of the most significant features of the total School of Allied Health is the excellent follow-up process employed by the various departments.

There is a need for expansion of the programs in terms of increased student enrollment; the divisions, when adequately supported, are quite willing to do so; however, if allied health student enrollment is increased, it must be recognized that such changes will impact on the basic science faculty and facilities.

An overview of the programs indicates several other matters which need attention in the near future:

1. Restudy space allocations in Ware-Rhaney Building.
2. Investigate methods of obtaining special funding for support of doctoral studies for faculty members in the allied health fields.
3. Develop a computer lab for use by allied health students.
4. Arrange for additional secretarial support assistance for departments in the School of Allied Health Sciences.

The School of Allied Health Sciences has proposed a faculty practice plan; however, to date no action has been taken. This review would indicate that it may be several more years before reconsideration of this proposal would be appropriate.

MEDICAL RECORDS ADMINISTRATION

At the time of the 1983 Review, the Division of Medical Records Administration had completed its first semester of the junior year; consequently, the program was not eligible for accreditation until the first class was ready for graduation. Accreditation by CAHEA was granted in 1985 for a three-year period.

Enrollment has remained stable over the past four years, with the total enrollment in the junior and senior classes averaging 26 students, with approximately 14 students graduating each year. The present Medical Record Laboratory, located in room 311 of the Ware-Rhaney Building, measures 408 square feet. This room is not adequate for the number of students in the program. The laboratory contains aisles used for demonstrating medical information systems. Since these systems are becoming computerized, it is necessary to maintain manual systems as well as computerized ones. Five computers are presently available. Actually, the space for the number of students currently enrolled needs to be doubled. It should be added that the administration of FAMU is aware of this situation and is working on the problem.

Follow up interviews and contacts with employers indicate that they are well satisfied with the preparation of the students coming from the FAMU program.

DIVISION OF HEALTH CARE MANAGEMENT

The Division of Health Care Management is the one program within the FAMU School of Allied Health Sciences which gives concern in this follow-up review. Thus far in the history of the program, there has been little stability of faculty and the program has not progressed as had been visualized. There still is a need for persons who might come from this program. Again, the administration is well aware of the difficulties and every effort is being made to recruit competent faculty for the fall semester. The adjuncts who have been teaching in the program are well qualified, but it is not feasible to operate the program with temporary faculty.

The majority of graduates in health care management are employed in middle management positions in health care facilities. Several have entered the armed services medical corps and four graduates of the program are now in graduate schools. Even though 100% of the students enrolled in the program are black, there is still the need to recruit more minority students since they are severely under-represented in health care management.

DIVISION OF PHYSICAL THERAPY

The Division of Physical Therapy is fully accredited by the APTA and is the most fully enrolled program in the FAMU School of Allied Health Sciences. Entering junior student enrollment has increased from a low of 18 students in 1982 to an all-time high of 32 for the fall semester, 1987. The combined enrollment for the junior and senior classes for fall, 1987 will be 52. Applications have increased to a high of 297 for the fall, 1987.

The student passing rate on the State Licensure Exam is 98%, with 50 of 51 total graduates having passed the exam. The graduates of this Division are making a positive impact on the practice of physical therapy and are performing well in a variety of situations.

There is a shortage of support personnel for the entire School of Allied Health Sciences; however, it becomes more serious when a large department is involved. In this case, the Physical Therapy Division has only one-half time secretary. With adequate faculty, secretarial assistance, and some additional space, this strong department could still enlarge its enrollment and better serve the needs of the state.

RESPIRATORY THEORY

The Division of Respiratory Therapy is a fully accredited program of good quality. Inasmuch as there are only 37 other respiratory care baccalaureate programs in the entire nation, there is a continuing need for the graduates of this program. The "feedback" from employers of the graduates of the FAMU program is positive, although with the limited experience in the program (only three graduating classes), the number reporting is limited.

The most pressing problem confronting this program is that of additional faculty in order that the faculty/student ratio might be reduced for clinical instruction. Like so many other departments, this area has need for funding of travel to professional meetings and other professional development activities.

EXTERNAL CONSULTANT'S CLINICAL SITE REVIEW

Division of Health Care Management
School of Allied Health Sciences

The Health Care Management program curriculum is interdisciplinary and includes a core of health care management, liberal arts, management science and other support courses. The course of study leading to the Bachelor of Science degree places emphasis on health management, decision-making, and health planning to prepare students for supervisory positions. Twenty-five students are currently enrolled in the program.

The twelve-week field practicum is an essential part of the program. This supervised work experience augments classroom theory and allows the student to explore an area of special interest in more depth. The student assumes responsibility for housing and transportation to and from the clinical facility.

Thirteen (13) locations are presently utilized to provide diversity in the size and scope of health care services provided. These include tertiary care facilities, Veteran's Administration Hospitals, public health agencies, health planning agencies and HMO's.

Internship Course Description

HSA 4940. Health Care Management Practicum. (6 semester hours credit.) The internship is designed to give the student direct experience in various health care settings. The experimental component allows the student to apply his/her newly acquired normative and cognitive skills in an actual working situation. The areas from which students may choose are hospitals, federal government agencies, long-term care facilities, immediate care facilities, group practices, medical programs, volunteer agencies, mental health facilities, or community agencies. During the thirteen week placement, the summer between the junior and senior year, students are required to submit two reports to the Division.

In preparation for the field experience students are provided an opportunity to attend local legislative committee meetings to observe actual performance in an administrative or professional environment.

An on-campus orientation is conducted during which students who have completed their field placements discuss and share their experiences with fellow students who are approaching the placement period.

The Program Director meets with the student on a weekly basis to assist with preparation of their resume, to discuss proper interviewing skills, and to coach them on appropriate dress and professional behavior.

Students identify an area of interest and their geographic preference for a placement site which the Program Director attempts to "match" in placing the student. The experience is planned jointly by the student and the Faculty Advisor.

Upon arrival at the agency, the preceptor and student develop the work plan and specific objectives to be accomplished during the practicum. It is expected that the student will (1) become involved in the administration of patient service, business management, accounting, facility maintenance, and facility service; (2) observe policy formulation; (3) participate as a staff member in the implementation of policies; and (4) attend staff meetings, if possible.

Students must provide bi-weekly memoranda to the Faculty Advisor. Two major reports are required by the student. The first report, due by the end of the third week of the placement, should provide an overview of the Agency and a description of the approved work plan covering major management, organizational and planning aspects of the Agency. By the fourth week, students must identify a special project on which the final report is based. This report may be either a theoretical critique on an evaluation of the Agency's position on current issues in health services. The report is due at the completion of the practicum.

At least once during the field placement, the Program Director visits the Agency and meets with the student and privately with the preceptor/administrator to evaluate the student's progress.

At the end of the placement, both the preceptor and the student evaluate the field experience. A letter grade, assigned upon completion of all course requirements, is based on the preceptor's final evaluation and the two reports.

Dr. George Schmidt is acting Program Director. He earned the BS degree in 1964 in Engineering, Montclair St. College, New Jersey; the MA in 1966 in Student Personnel Administration at New York University, Washington Square; and the Ph.D. in 1975 in Educational Management Systems at Florida State University. From 1980-86, he served on the faculty at the Medical University of South Carolina at Charleston, where he taught health care administration in the College of Allied Health Sciences. He has been Director of the Statewide Health Council since May, 1984. He assumed his current position at Florida A&M University in Fall, 1986.

Division of Medical Record Administration
School of Allied Health Sciences

The Division of Medical Record Administration supports an interdisciplinary learning model and maintains a close working relationship with the School of Business. The Medical Record curriculum includes business courses in Hospital Management, Principles of Management, and Systems Theory to prepare students to develop management information systems. These courses are consistent with the CAHEA Medical Record Administration Program Essentials requiring a managerial rather than a technical focus.

Three (3) classes have graduated from the Program. While access to the program is not considered to be limited, class size may be restricted because of the accreditation requirement of a 5:1 student/faculty ratio and because of limited classroom and laboratory space.

Clinical Education

In determining placement sites, the Department considers the students' choice of site and their strengths and weaknesses and tries to match students with Facilities that can provide the best experiences in various areas. Several graduates of the Program have helped to arrange affiliations for Florida A&M University.

Student are provided a clinical education handbook which outlines responsibilities of the student, Clinical and Academic Coordinators and Instructors. It also contains rotation schedules, a description of competencies to be attained by the end of the rotation, special instructions for a particular site, the course syllabus, evaluation procedures and the point system for grading. Course objectives in each area of concentration are described in detail.

MRE 3800. Clinical Education I. (2 semester hours credit.) Orientation to the hospital medical record department with emphasis on interdepartmental relationships. Rotation through the technical functions of the department following the flow of the patient's record after discharge, including analyses, transcription, coding and abstracting, and correspondence, storage, retrieval, control procedures, and medical staff committees. (Junior Year, Spring Semester.)

Clinical Education I deals with technical aspects of the field from a management perspective. In this course, students spend 60 contact house in the clinical setting, for a total of four hours per week. After an initial orientation period which includes visits to several area hospitals, the student rotates through the various sections of the medical record department working under the supervision of the Clinical Coordinator and Clinical Supervisor.

The areas emphasized are interdepartmental relations, including facility and medical staff committee meetings; technical analysis and evaluation of records; record storage and retrieval; medical, legal and correspondence procedures; coding and abstracting; and assigning DRG's to selected medical records according to established procedure.

The student is expected to complete projects and assignments related to (1) the relationships between the medical record department and other departments within the hospital, and (2) the theory and rationale of the work in the functional areas of the medical record department to which he/she has been assigned.

MRA 4400. Health Care Records. (3 semester hours credit.) Management of medical record systems in different types of health care facilities, including nursing care facilities, health departments, ambulatory care, home health care, HMO's, psychiatric facilities, and other nontraditional facilities. Principles of consulting. Laboratory accompanying. (Senior Year, Spring Semester.)

The course was developed in response to changing health practices in which patient care is increasingly being managed on an outpatient basis. The laboratory includes field trips to non-hospital health care facilities (8 hours of clinical experience) for the purpose of reviewing technical skills, while focusing on administrative aspects, including evaluation of record principles and practices.

Types of non-hospital facilities utilized include community health centers, community mental health centers, ambulatory care facilities (outpatient clinics, dentists' and physicians' offices, neighborhood health centers) HMO's, long-term care facilities and home care programs.

The experience should prepare the student to plan and develop a health record system appropriate for various sizes and types of health care facilities, organizations and agencies. This rotation also prepares the MRA for consulting roles.

The final grade in the course is based on examinations, the quality of projects and presentations, class participating and attendance.

MRA 4810. Clinical Education II. (2 semester credit hours.) Management activities in a hospital medical record department. Computer applications. UR and QA. Statistical reporting. Medical record research. (Senior Year, Fall Semester)

In this experience (four weeks, 8 hours per day), the student rotates through various areas of the medical record department working under the supervision of the Clinical Instructor and Supervisor. Having learned the tasks that are performed in the department, the flow of work from one area to another, how these areas interrelate within the department and other departments in the organization and management of the records department and make the transition from theory to practice as a professional medical record administrator. Students should be able to write policies and procedures for each area of the medical record department including utilization review, statistical compilation and review, quality assurance and word processing.

MRS 4835. Management Affiliation. (3 semester hours credit.) Supervised learning experience in the technical and administrative aspects of medical record practice with emphases of administrative functions of the professional

MRA. Student will spend four weeks in the medical record department of an accredited hospital. (Senior Year, Summer Term.)

Prior to the affiliation, the student completes a project entitled "What Do I Need to Know?" This project provides an opportunity for the student to review in detail all of the roles and responsibilities of the MRA.

The student spends eight hours per day (40 hours per week) for four weeks in an administrative internship in a selected hospital, "shadows" the Director of the Medical Record Department and is actively involved in projects which evaluate his/her ability to function as a manager. The student keeps a daily records of activities with personal reflections of the experience.

The Clinical Coordinator visits the clinical site at least once during the rotations or may make weekly phone contacts via SUNCOM (telephone network) to monitor student progress. Student performance in each clinical course is evaluated by the Clinical Supervisor according to the stated competencies. In addition, assigned projects are evaluated by the Clinical Supervisor and/or the Clinical Coordinator. The final grade, assigned by the Clinical Coordinator, is based on these evaluations. Students evaluate each clinical course and share their experiences among themselves. They are also encouraged to provide feedback with suggestions to faculty on ways in which the program might be improved.

Barbara Mosley, is Clinical Coordinator for the Program. She earned a BS degree in Medical Record Administration at University of Tennessee, Center for the Health Sciences in 1976; the MPR in 1980, Memphis State University and is currently enrolled in a doctoral program at Florida State University with a major in Adult Education. From 1976-1980, she worked at Southeast Memphis Mental Health Hospital where she set up the Medical Record Department. From 1980-1982, she was Assistant Director of the Medical Record Administration Department at the City of Memphis Hospital. From 1982-83, she was employed at Veteran's Administration Hospital in Birmingham, Alabama. She joined the faculty at Florida A&M University in 1983, and from October, 1984 to January, 1986, served as Acting Director of the Program. Under her administration, the program received its first full three-year accreditation (1985). As part of her FAMU community service responsibility/commitment, she helped organize the Record Administration Department at Capital Rehabilitation Hospital. Ms. Mosley presently serves as consultant to two area nursing homes and is currently President of the Northwest Florida Medical Record Association.

Florence C. Amato, MRA, Ph.D., is Program Director and Chair of the Division of Medical Record Administration. Dr. Amato earned a BS in 1960 in Medical Record Administration from St. Luke's University and was certified the same year. In 1963, she earned the MS in Human Relations Research and the Ph.D. in 1967 in Philosophy and Higher Education from St. Louis University. She earned the MS in 1983 Social Work at Florida International University, and in 1986, she was certified as a registered nurse after the completion of the program at Miami Dade Community College. She joined the FAMU faculty in 1986 as MRA Program Director. Dr. Amata has 27 years experience in the field.

Division of Respiratory Therapy

The Respiratory Therapy program at Florida A&M University (FAMU) is one of thirty-eight (38) four-year (2 + 2) programs in the country and one of two in Florida. The other program in Florida is offered at the University of Central Florida at Orlando. The first students accepted in August, 1983 completed the program in 1985. To date, 20 students have graduated from the program. The program capacity for each entering class is 15 students.

Total national minority representation in the field of Respiratory Therapy is less than 1%. Minority enrollment in the FAMU program is 90% (primarily Black and Hispanic students); therefore, the role of the program in increasing the number of minorities within this professional area continues to be significant.

The curriculum is designed to prepare baccalaureate level graduates to assume leadership roles in professional practice education, management and research. One thousand (1,000) clinical hours are required for completion of the curriculum.

Clinical rotations are scheduled according to a particular facility's capability to meet specific course requirements and provide the best experience in a given way. Local resources are used as often as possible. FAMU faculty accompany the students into the practice setting. Clinical Instructors have paid adjunct appointments in the School of Allied Health Sciences. Tallahassee Community Hospital and Tallahassee Memorial Hospital are the primary affiliation sites. Affiliation agreements have been negotiated with the following facilities:

1. John D. Archbold Memorial Hospital, Thomasville, Georgia
2. Baptist Medical Center, Jacksonville, Florida
3. Tallahassee Community Hospital (TCH), Tallahassee, Florida
4. Tallahassee Memorial Hospital (TMH), Tallahassee Memorial Regional Medical Center, Tallahassee, Florida
5. University Hospital of Jacksonville, Jacksonville, Florida

Within the Tallahassee community, FAMU shares the same clinical resources with Tallahassee Community College Respiratory Therapy students who are being trained at the certificate/associate degree level.

The student lab at FAMU is well-equipped with advanced state-of-the-art equipment. As noted by a Clinical Supervisor at one of the local facilities, the level of clinical sophistication and technical competence demonstrated by the students during their clinical rotations is most likely attributable to the preclinical experience gained at the FAMU campus. Students learn and practice basic procedures either on themselves, manikins, test lungs, or other simulations.

Clinical education is sequential, progressive, and compentency-based. Each student is assigned to an approved health care facility (as a learning member of the Respiratory Therapy team) under the direct supervision of a clinical instructor. In the initial course, the student becomes familiar with the hospital environment and elementary oxygen administration and related equipment. The second experience reinforces the first with special emphasis on mechanically-assisted ventilation and its maintenance. In subsequent experiences, the student functions as a responsible, semi-autonomous member of the clinical department while learning prolonged mechanical ventilation and other related respiratory procedures.

The objectives are clearly defined and student performance is rated according to the student's ability to demonstrate competence in performance of specific procedures or tasks. Students are graded weekly by their Clinical Instructors. The final course grade is assigned by the Academic Clinical Coordinator.

Course Descriptions

Credit for clinical education is earned through the following courses:

RET 3874. Clinical Respiratory Therapy I. (3 semester hours credit.) The student will function as a learning member of the department, under the supervision of the Technical Director or Instructor. Basic equipment and patient care, IPPB treatment, cleaning, sterilization maintenance procedures and suction techniques will be taught. (Spring Semester, Junior Year.) (One day per week, eight hours per day.)

The primary facilities used for this experience are TMH, TCH, and Archbold. On this rotation, students become proficient in the use of basic equipment including oxygen administering devices, humidification devices, aerosol delivery services, compressors and IPPB devices. Equipment maintenance procedures are also covered. The students are involved with the delivery of basic non-critical patient care which involves oxygen, bland aerosol, aerosol drug therapy hyperinflation, bronchial hygiene techniques and chest physical therapy.

The student should become proficient in the delivery of respiratory care modalities including oxygen, bland aerosol, aerosol drug therapy, hyperinflation and bronchial hygiene therapy to adult or pediatric patients in critical care areas. The student is also introduced to advanced techniques covered in greater detail in the next clinical course, Clinical Respiratory Therapy II.

RET 3875. Clinical Respiratory Therapy II. (7 semesters hours credit.) Clinical practice in the critical care unit. Advanced techniques of adult respiratory care. (Summer Session, Junior Year.) (Twenty-one (21) clinical hours per week.)

In this two and one-half day per week rotation, students progress to the care and treatment of more critically ill patients in intensive care units. Facilities utilized are Tallahassee Memorial Hospital, Tallahassee Community

Hospital and Archbold Memorial Hospital. This experience includes basic respiratory care procedures with an emphasis on diagnostic and therapeutic techniques, infection control, invasive therapy and related equipment.

RET 4876. Clinical Respiratory Therapy III. (6 semester hours credit.) Advanced study in respiratory disease and critical care medicine. Special diagnostic procedures. (Fall Semester, Senior Year.)

In this primary care rotation (primarily at Tallahassee Memorial Hospital), students begin shift rotation and perform all ventilator procedures. They are well-prepared for this experience having become familiar with the procedures through the laboratory component a mechanical ventilation course taken the preceding summer.

The student functions as a member of the critical care team. Under close supervision of an Instructor, the student is responsible for the initiation, maintenance and removal of ventilatory support and for other diagnostic and/or critical care modalities necessary for the care of the critically ill patient. These include arterial blood gas sampling and analysis, bedside monitoring airway care, bronchial hygiene, and aerosol drug therapy.

RET 4877. Clinical Respiratory Therapy IV. (6 semester hours credit.) Selected clinical practice for the development of clinical specialties such as pulmonary functions, pediatrics therapy, etc. Preceptorship experience as well as practicum in teaching and administration well be offered. (Spring Semester, Senior Year.) (Thirty (30) clinical hours per week.)

On this rotation, students gain experience in a pulmonary function laboratory. By the end of the rotation, they should be able to demonstrate proficiency in measurement of dynamic and static lung volumes; pediatric therapy; and respiratory management of the newborn. They should be able to demonstrate competence and confidence in working with pulmonary disease patients, show familiarity with advanced equipment, mechanical ventilation and home care equipment; and show familiarity with the administration of a respiratory therapy department with regard to budgeting, staffing and purchasing.

Students spend 80 hours at Baptist Hospital in Jacksonville primarily for experience in neonatal intensive care. Additional time for the pediatrics experience is spent at TMH. There is some observation involved; however, the last half of the semester involves hands-on clinical application. Some of the procedures include bronchoscopy, invasive cardiology procedures and hypobaric medicine.

Judy A. Jones, MA, CRTT, RRT, is the Clinical Coordinator. Ms. Jones began working in respiratory care in 1968. She was certified in 1973, and registered in 1975. She earned a BS degree in Allied Health Education in 1977 at the University of Texas at Dallas and the MS in 1987 from Florida State University.

The Program Director is Harry M. Cartwright, Sr., RRT, M.Ed. His initial training in respiratory care was completed as a paramedic (Advanced Medical

Specialist) in the United Stated Army Medical Corps. He received a diploma in Respiratory Therapy in 1969 from the University of Pennsylvania; a BS in Teacher Technology in 1983 from the University of the District of Columbia (UDC), Washington, D.C.; and an MS in Teacher Technology from the University of Illinois at Champaign-Urbana in 1975. He is presently completing doctoral coursework in Higher Education/Educational Leadership/Academic Administration and Management at Florida State University. He taught Respiratory Therapy at Crosier Chester Medical Center in Chester, Pennsylvania from 1968-70, while also engaging in clinical practice at Children's Hospital in Philadelphia during that same period. For thirteen (13) years, he was an academic and clinical instructor of Respiratory Therapy at UDC. he joined the faculty of FAMU in 1983 to help develop the Respiratory Therapy program.

Division of Physical Therapy
School of Allied Health Sciences

The Physical Therapy Program maintains affiliation agreements with approximately 100 health care facilities, the majority of which are located in the State of Florida. Student preferences are considered in the selection of clinical sites for their various rotations.

Clinical education is provided through the courses described below:

Course Descriptions

PHT 3803. Physical Therapy in Community Facilities. (1 semester hour credit.) Orientation to local physical therapy clinics and other clinical facilities involved with health and care delivery. Emphasis on how physical therapy serves this community. (Fall Semester, Junior Year.)

This clinical experience provides an orientation to physical therapy in the community. Students rotate through various assigned facilities one-half day once per week. The class is divided into two groups. While one-half of the class time (6-7 weeks) is spent on clinical rotations, the other half is spent at the University in mock clinical situations.

PHT 3812. Practicum in Community Facilities. (1 semester hour credit.) Supervised practice experience designed to parallel skills learned in classroom. Performed in community health care setting. (Spring Semester, Junior Year.)

During this course, the student spends one-half of the class time in a clinical facility one day per week for observation and limited hands ,on clinical activities. Learning experiences are individualized for each student in this part time affiliation. The other half of the course is spent in mock clinic at the University. Mock clinics provide a controlled environment for working on clinical cases/situations under the supervision of academic faculty. Students practice patient treatment and evaluation.

PTH 4822. Clinical Practicum. (12 semester hours credit.) Supervised field work experience in facilities by department. May be repeated with change of assignment up to a maximum of 18 credits. Students should plan for out-of-town expense. The emphasis for this practicum is direct patient care to include evaluation, treatment planning and program implementation for patients with general medical and orthopedic diagnoses. (Summer Session, Junior Year.)

Students spend 4-5 weeks in a clinical facility. The Clinical Coordinator attempts to match the student and the facility according to the capability of the facility to accept the student for a particular experience and the student's choice of a particular placement site. In this experience, students participate with a clinician in patient evaluation and gradually work into a caseload of patient evaluation and treatment.

PHT 4812. Practicum in Community Facilities. (1 semester hour credit.) The emphasis for this practicum is direct patient care in a setting with pediatric or adult neurological patients. (Fall Semester, Senior Year.)

OR

PHT 4813. Practicum in Community Facilities. (1 semester hour credit.) Internship experience providing students with opportunity for supervised work in clinical settings. Students may be required to travel out of area. (Spring Semester, Senior Year.)

Students spend a one month concentration on an adult or pediatric neurological rotation in a rehabilitation or large general hospital setting. The rest of the semester is spent on campus in mock clinic participation.

PHT 4824. Clinical Internship. (12 semester hours credit.) Supervised field work experience in facilities by department. May be repeated with a change of assignment up to a maximum of 18 credits. Students should plan for out-of-town expense. (Summer Semester, Senior Year.)

This 13-week rotation is divided into two blocks--one six-week affiliation and a second seven-week affiliation. The rotations are generally in a rehabilitation center or a large medical center. Prior to beginning the rotation, the student participates with the Clinical Instructor in planning competencies to be mastered. The student is expected to take primary responsibility for achieving mastery and must master 80% of the tasks selected to be learned or improved during the affiliation. During this practicum, students participate in direct patient care. A problem solving approach is emphasized in evaluating the patient, planning the treatment and implementing the program.

Student evaluation is consistent with that described in the "BLUE MACS" (Mastery and Assessment of Clinical Skills). All facilities offering clinical education to Physical Therapy students utilize the Blue MACS for monitoring student progress in reaching an adequate level of mastery of skills. The Blue MACS is a standardized evaluation system adopted by the physical therapy profession which defines for students and their clinical instructors the skills all students are expected to master before graduation and provides a uniform mechanism for rating students' clinical experiences. It allows students to assess their own performance. It provides an up-to-date summary of each student's current strengths and weaknesses to facilitate the design of appropriate affiliation experiences.

The Academic Clinical Coordinator either makes a site visit or maintains telephone contact with the Clinical Instructor. Final evaluation conferences are held with the student and Coordinators of clinical education. The Academic Clinical Coordinator is responsible for assigning a grade of either "Pass" or "Fail" following evaluation by the Clinical Instructor and discussion of student performance with the Clinical Coordinator. Students complete a self-evaluation of the affiliation. The standard form used for this purpose provides the student an opportunity to summarize and critique the clinical experience.

Evelyn Shackleford, RPT, Assistant Professor, is Clinical Coordinator. Ms. Shackleford earned a BS degree in Physical Education in 1972 at Hampton Institute, Hampton, West Virginia, a BS in Physical Therapy at Fort Sam Houston (United States Army)/Baylor University and the Ed.S. in Guidance and Counseling at Ball State University in 1985.

Capital Rehabilitation Hospital
Tallahassee, Florida

Capitol Rehabilitation Hospital (CRM) is a community-based 42-bed comprehensive medical rehabilitation center. It is a part of the Rehabilitation Hospital Services Corporation, the largest multi-hospital providers of rehabilitative care in the United States today. The facility provides specialized medical therapy services designed to assist physically disabled persons reach their highest level of independent function. Combining a highly skilled professional staff with the most technically advanced equipment available, the hospital provides comprehensive medical rehabilitation services on both an inpatient and outpatient basis.

Patients are referred by this physicians for admission. The referring physician may prescribe the treatment program to be followed, or may consult with the medical staff on recommended treatment procedures. Once therapy is initiated, the referring physician is kept informed of all phases of the patient's progress. Upon completion of therapy, the patient is released to the care of the original attending physician.

CRH utilizes a team approach to treatment. Treatment is provided by various rehabilitation professionals including Rehabilitation Nurses, Physical Therapists, Occupational Therapists, Recreational Therapists, Speech-Language Pathologists, Psychologists, Social Workers, Dietitians, Physicians, and other specialists in Physical Medicine and Rehabilitation.

Physical Therapy Internship

Florida A&M University students have a solid academic background when they begin the rotation at Capitol Rehab. In this setting, to a greater degree than in an acute care facility, there is an opportunity for students to interact with other members of the rehabilitation team such as occupational therapists and speech pathologists. Students participate in developing their own objectives for the experience.

Students have an opportunity to work with a wide variety of patient including those having suffered cerebrovascular accident/stroke; neurotrauma; such as spinal cord and head injury; neurological disorders; burn; oncological related disabilities; and major multiple trauma. Most patients receive a minimum of three hours of physical therapy.

The hospital employs 4.5 FTE registered physical therapists, three full time physical therapy assistants and three full time physical therapy aides. Each student has the benefit of a closely supervised experience. Currently, only FAMU students affiliate with CRH; however, CRH is presently negotiating affiliation agreements with Florida International University at Miami and the Medical College of Georgia at Augusta. The affiliation agreement between FAMU and CRH is signed by the President of the University and the Administrator/CEO of CRH.

The Clinical Supervisor is Leah Nof, Director of the Physical Therapy Department. She is a graduate of the University of Wisconsin, where she received her MS in Physical Therapy and a fellowship for graduate study. She earned her diploma of Physical Therapy from the Wingate Institute in Israel. Nof began her career as a physical therapist at Beloit Memorial Hospital. She continued as a physical therapist at George Road Hospital and Victoria General Hospital in British Columbia, as Assistant Director of Physical Therapy at Mount Sinai Medical Center in Miami, and as Director of Physical Therapy at Tallahassee Memorial Regional Medical Center before joining the staff of Capitol Rehabilitation Hospital.

Medical Record Administration Internship

FAMU students will be placed at Capitol Rehabilitation Hospital for the first time this summer. The department is only approximately six months old.

The rotation at Capitol Rehabilitation Hospital will provide experience in outpatient (ambulatory) care records. Students will have an opportunity to work closely with the administrator and to gain experience in utilization review, quality assurance, and in writing policies and procedures.

Jacqueline Seabrooks, RRA, is Director of the Department of Medical Records Administration and a graduate of the Medical Record Administration program at FAMU.

Tallahassee Community Hospital
Tallahassee, Florida

Tallahassee Community Hospital (TCH), established in 1979, is a modern, fully accredited, 180-bed general acute care facility serving the health care needs of North Florida and South Georgia. TCH has approximately 450 employees consisting of a medical staff of about 250 physicians and a 245 member professional nursing staff.

In addition to its full service surgical and diagnostic capabilities, TCH operates the Emergency/Trauma Center; Family Center; an obstetrics unit offering a variety of options to expectant parents; the CommuniCare Center, which offers an array of health promotion and educational programs; a Diabetes Treatment and Metabolic Unit; an Addiction Recovery Center; and the Back Rehabilitation Center. Other Diagnostic and treatment services include Cardiac Catheterization, Radiology, Nuclear Medicine, Pathology, Pharmacy, EKG, EEG, Physical Therapy, Occupational Therapy, Respiratory Therapy, Social Services and an advanced Sports Medicine Program.

The Back Rehabilitation Center is a separate unit housed in the TCH CommuniCare building. It has classrooms for instruction, a completely and therapeutic exercise room, and treatment rooms for patients requiring the use of modalities. Modalities available include hydrotherapy, cryotherapy, ultrasound, TENS and hot packs.

The Center is staffed by a team of health professionals offering a comprehensive multidisciplinary approach to the treatment of chronic low back pain. The services are provided by a physician, a psychologist, a physical therapist, an exercise specialist, an occupational therapist, a dietitian, and a rehabilitation consultant.

After construction and renovation, TCH will offer expanded inpatient and outpatient surgical, radiologic, cardiopulmonary and diagnostic services, including a new physical therapy suite with hydrotherapy traction treatment areas and a walking track.

FAMU graduates are on the staff in the Department of Physical Therapy and Medical Record Administration.

Physical Therapy Internship

The expansion program now in progress will increase the hospital's outpatient activity. Although the hospital is basically an inpatient facility, with development of new program areas, it is expected that the hospital will continue in a growth mode (in a declining [health] industry). With the increased capability to handle more outpatients, greater emphasis will be placed on sports medicine. In the past, TCH has contracted out some of its physical therapy services.

The physical therapy department is a frontline component of the Back Rehabilitation Program. Each patient enters a six-week treatment program and is seen three times per week for two hours on each visit. The first hour of each session is spent with the physical therapist in a small group setting.

Barbara Williams, LPT, is Director of the Department of Physical Therapy. The other therapist on duty during the site visit is a FAMU graduate.

Medical Record Administration Internship

Three students are currently affiliating at TCH. The department employes ten full time and two part time Medical Record Administrators.

Charlene Garland, RRA, Director of the Department of Medical Record Administration, is a FAMU graduate.

Respiratory Therapy Internship

The services handled by the Department of Respiratory Care include respiratory therapy, EKG, EEG, blood, gas analysis and the Cardiac Stress Lab.

Marcia Chase, RRT, Respiratory Care Coordinator, conducted the tour of this department.

Health Care Management Internship

Rheb Harbison, Director of Marketing and Public Relations and Ron Rudderman, Assistant Hospital Administrator have been involved with the provision of field experience for FAMU interns in the area of Health Care Management.

Tallahassee Memorial Hospital
Tallahassee Memorial Regional Medical Center

Tallahassee Memorial Regional Medical Center is a private, not-for-profit 771-bed hospital complex. Tallahassee Memorial Hospital (TMH) provides patient care through outpatient services; the emergency room; routine medical and surgical units; specialty units in neonatology, pediatrics, oncology, neurology, orthopedics, urology, and obstetrics; and, medical, surgical and coronary intensive care units. Outlying facilities of the Center include Long Term Care; Extended Care; a Psychiatric Center; a Home Health Agency; a Cancer Treatment Center; and a Family Practice Residency Program. The Center is the sole provider of open heart surgery and cardiac transplantation for the ten-county Big Bend Region of North Florida and South Georgia. Other services include ambulance service for the county and the Life Flight Helicopter Service. The hospital maintains accreditation through the Joint Commission on Accreditation of Hospitals (JCAH).

Although not considered a teaching hospital, TMH sponsors educational programs in Radiologic Technology, Medical Technology and Nursing and provides clinical education as a major affiliate for several other allied health disciplines.

Two departments at TMH participating as clinical education affiliates for FAMU were visited.

Respiratory Therapy Internship

TMH is a major affiliate for the FAMU Respiratory Therapy program. Students are present during both the fall and spring semesters. Although FAMU shares the resources of the facility with Tallahassee Community College, there are no scheduling conflicts. FAMU faculty accompany their students into the clinical setting.

Glenn Westerfield, RRT, is Director of Respiratory Care and Clinical Coordinator. Kevin Killman, RRT, is Associate Director of the Respiratory Care

Unit. He has twelve years experience in the field of respiratory therapy. He has a broad range of experiences, having worked in ten hospitals in five states an average of two years at each. He has been a clinical instructor at three Respiratory Therapy schools including FAMU. He has been at TMH for a year. He stated that he is impressed with the FAMU students' professional behavior, clinical competency, assertiveness and work ethic. The only deficiency noted relative to student performance was a weakness in the students' ability to troubleshoot equipment. It was recommended that the laboratory portion of the basic fundamentals courses place more emphasis on this area.

The department is authorized 30 staff positions of which 15 are vacant. The utilization of this number of respiratory therapists in one facility underscores the great need in the Tallahassee area for graduates of the FAMU program.

Physical Therapy Internship

FAMU has been affiliated with the Department of Rehabilitation Services (Physical Therapy) since 1982. The students utilize the facility for one of their first acute care rotations. The department also services as a clinical affiliate to Florida International University whose students utilize TMH for a senior year rotation.

The Department employs seven full time physical therapists, two of whom are temporary part time, four physical therapy aides and one physical therapy assistant. These staff also have responsibility for patients in the outlying satellite facilities of Tallahassee Regional Memorial Medical Center.

It is felt that the strengths of FAMU students are their eagerness, assertiveness, motivation to learn and their solid background in the basic medical sciences.

Cindy Hecht, PT, is Clinical Coordinator. Ms. Hecht received a BS in Physical Therapy in 1970. She has twelve years combined clinical experience in private practice and in an acute care hospital in California. She has been on the staff at TMH since 1982.

West Texas Rehabilitation Center
Abilene, Texas

The West Texas Rehabilitation Center is a private, non-profit corporation administered by a Board of Directors. Operating on a $45.2 million budget, 48% of its support is through earned income, while 52% is through a Memorial Gift Program and from private donations. Services are provided by referral from a service agency or physician and are rendered without charge to the patient. Patients are treated without regard to age, race, creed, geographic origin, or financial status.

The Center is accredited by Medicare each year and by the Commission of Accreditation of Rehabilitation Centers every three years. Some departments, such as orthotics, undergo a separate accreditation review.

All departments at the Center are fully accredited and all therapists are licensed by the State of Texas. Located in Central West Texas, the Center serves primarily the large predominantly rural area between El Paso (West), Wichita Falls (North), Dallas (South), Fort Worth (East), and the southern border of Texas. Between the West Texas Rehabilitation Center locations in Abilene and San Angelo, over 10,000 patients are seen each year. Hundreds of others are treated through WTRC mobile units that travel to nursing homes, rural hospitals and schools throughout the Southwest.

Founded in August of 1953 with one physical therapist and two part-time support personnel, the staff has increased to approximately 100 full time and 15 part time staff members.

Interdisciplinary experiences at the West Texas Rehabilitation Center are numerous. The Center is an outpatient facility which provides treatment and diagnostic services for both acute and chronic conditions. These include physical therapy, occupational therapy, speech pathology, audiology, social services, genetic counseling, diagnostic, educational, and remedial services for pre-school and school age children, and orthotics. Diagnostic clinics in speech, neurology, orthopedics, physical medicine, otology, urology, rheumatology and oral anomalies are directed by physicians who are board certified in these areas. Multi-departmental staffings are held monthly and students may observe practitioners in the various departments.

WTRC serves as a clinical affiliate to FAMU for student rotations in Physical Therapy and for the Health Care Management internship. At the time of this review, a Health Care Management student was in residence for his field practicum experience. The affiliation agreement details explicit conditions for the clinical experience.

The Center also affiliates with 18 other physical therapy schools across the country. Approximately 55-60 students rotate through the programs each year; however, no more than six year physical therapy students are on affiliation at the Center at any given time.

Physical Therapy Clinical Training Program

The internship at the West Texas Rehabilitation Center is planned as a general outpatient rehabilitation experience. Through a reciprocal teaching philosophy, students bring to the center new techniques they have been taught, while WTRC staff teach students based on their experience.

The patient load consists of half pediatric and half adult patients on a schedule which is comparable to the staff therapists'. A variety of patient disorders including strokes, spinal cord injuries, muscular dystrophy, Parkinson's, arthritis, and a significant number of orthopedic and neurological disorders provide students broad exposure.

Modalities available for treatment include: 3 Burdick microwave diathermies, 1 Magnatherm, 4 Hausted tractions, 1 Tru-Trac traction, 1 UT 420 Burdick ultrasounds, 3 Medco-sonlators, 1 MS 600 electrical stimulator, 1 activator, 1 cold back console, 3 console hydrocollators, 1 Hubbard Tran, 1 hand and foot whirlpool, 1 hip and leg whirlpool, 1 lowboy whirlpool, 1 paraffin unit, 1 therapeutic pool, 1 jacuzzi, 1 Omnistim, 1 intermittent compression units, 5 TENS units, 1 biofeedback units, 3 Electro Galvanic Stimulators, 1 MRL Neuroprobe System II, 1 Orthotron, 1 Pro-Gyn, Hydra-Fitness equipment and various exercise equipment.

Objectives for the clinical training are clearly defined in a Student Handbook provided to each student. Specific responsibilities of Clinical Instructors and students are also clearly delineated. The educational approach is to have students evaluate a patient and establish a treatment program. This is discussed with the clinical instructor who may then augment the procedure.

Orientation to all incoming students is conducted on the first day of the program. This orientation includes an overview of the administrative policies and procedures, logistics in patient management, and a tour of the facility. All other relevant material is provided at that time.

The Clinical Coordinator, is responsible for scheduling rotations and maintaining communication with FAMU. She is kept informed about the rotations and is available for assistance to the Clinical Instructors when needed. There are eight licensed physical therapists on the staff. Every staff member with over one year's experience serves as a Clinical Instructor. Clinical Instructors, one for the adult section and one for the pediatric section, named on the first day of the rotation, are responsible for clinical supervision as well as for maintenance of student progress reports and completion of the evaluation forms.

Treatment of patients begins on the afternoon of the first day of the clinical affiliation. The initial scheduling of patients is done by the Clinical Instructor. Any changes in the scheduling of a treatment protocol by the student are to be discussed with the Clinical Instructor. The Clinical Instructor assists the student in obtaining pertinent information from the patient's record and reviews previous therapy. After one or two treatments by the student, a "Patient Profile" is completed by the student to facilitate further discussion of each patient. Students are encouraged to solve problems through analytical thinking and are expected to assume responsibility for their own professional growth and development.

Student instruction is provided on a daily basis in the form of videotapes, films and/or lectures. Videotapes are an important educational tool because a number of patient disorders seen infrequently can be reviewed and because they provide a record of patient progress in various treatment programs. Inservice continuing education is provided weekly for the physical therapy department by various staff members. Outside professional are also invited to provide continuing education seminars and workshops. All therapists have areas of particular interests and special expertise and students may request of them instruction in certain techniques.

During the last two weeks of clinical rotation, each student must present either an inservice program or a case presentation. The case presentation should include the medical aspects, problems, goals, recommendations, etc. associated with a treatment program.

Student performance, evaluated according to the Blue MACS assessment standards, is ongoing throughout the rotation. Major evaluation conferences are scheduled with the student at both midterm and at the completion of the program. The evaluation forms used are those included in the Blue MACS and others provided by the Facility and FAMU. A WTRC facility critique is completed by the student at midterm and at the end of the rotation to obtain constructive feedback concerning the program. Students also conduct a self-assessment evaluating their progress in mastering key competencies.

Housing is furnished for students by the West Texas Rehabilitation Center. Students are on a 5-day work week schedule and receive a stipend of $3.00 a day.

Bill Snowden, LPT is Director of Treatment Services. His professional training was completed at Herman Hospital School of Physical Therapy, Houston, Texas in 1963.

Cathy Black, LPT, Chief Physical Therapist and Clinical Coordinator, is a 1971 graduate of the University of Texas.

LuAnn Farmer, LPT, Assistant Chief/Adults, earned the BS in Physical Therapy from the University of Oklahoma in 1977.

CONCLUSIONS

1. FAMU Division Chairpersons and Clinical Coordinators were interviewed on July 16, 1987. The discussion focused on clinical course objectives, student responsibilities and competencies to be attained on various rotations, qualifications and professional experience of clinical coordinators and program directors. Clinical facilities representative of those participating cooperatively with FAMU allied health programs were toured on July 17, 1987. On site interviews with clinical staff confirmed the discussions of the previous day.

2. FAMU maintains a standard agreement which clearly defines the rights, responsibilities and obligations of the students, the School of Allied Health Sciences and the Clinical Facility with regard to clinical education. It provides for arbitration of disputes and for termination of the agreement. Agreements have been negotiated between FAMU and all clinical affiliates visited.

3. Capitol Rehabilitation Hospital, Tallahassee Community Hospital, Tallahassee Memorial Hospital and West Texas Rehabilitation Center are accredited by recognized agencies.

4. There have been no complications in the provision of clinical education at any of the clinical sites as a result of programs under different sponsorship sharing the same resources within a clinical facility.

5. It is evident that the Divisions within the School of Allied Health Sciences assume primary responsibility for coordinating classroom teaching and supervised clinical education, and assuring that activities assigned to students in the clinical setting are educational.

6. It is evident that clinical resources and access to diverse patient populations are adequate and to ensure that clinical objectives are met.

7. All clinical instructors are certified in their respective disciplines.

8. Prior to the beginning of clinical education modules, all programs make available to students guidelines for the clinical rotations, overall objectives to be accomplished, competencies to be achieved, and the methods by which students will be evaluated.

9. It is evident that students' clinical experiences are supervised at all times.

10. For all programs, Clinical Supervisor/Coordinators/staff indicate that students are well-prepared by classroom and laboratory experiences to perform satisfactorily in clinical areas.

11. It is evident that FAMU Clinical Coordinators maintain either a schedule of visits to the clinical facilities or frequent communication by telephone, depending on distance from the site.

12. It is evident that evaluation systems are consistent with program objectives.

13. All programs provide students a formal nonpunitive opportunity to evaluate their clinical experiences and give feedback to the University.

14. The high pass rate of the students on national credentialing exams in all disciplines substantiates the quality of the programs.

15. The role of FAMU School of Allied Health Sciences in preparing minority allied health professionals at the baccalaureate level is significant.

16. The importance of the clinical education component of allied health programs cannot be overstated. If the clinical experience is to enhance the transition from student to professional practitioner, every effort must be made to strengthen the quality of this critical phase of professional preparation.

    While an evaluation of space allocation per se within the School of Allied Health Sciences is perhaps beyond the purview of this review, it is important to emphasize that the University and its clinical affiliates are inextricably bound in their conduct of coordinated didactic and clinical allied health programs. The availability of adequate resources for support of the instructional programs affects directly the level at which the student is prepared to take full advantage of clinical experiences and the subsequent development of their clinical competence.

Several programs have outgrown their present locations. The shortage of space available for student laboratories, particularly in the Divisions of Physical Therapy, Respiratory Therapy, and Medical Record Administration is of particular note since several rooms in the (College of Health Sciences) building are virtually unoccupied.

Obviously, extensive financial resources have been invested in the provision of state-of-the-art equipment in the student labs. However, it was observed in each area that a full class of students may not be able to maximize their use of equipment to its greatest advantage unless additional space is made available.

A review of space allocation in the building housing the School of Allied Health Sciences is recommended.

FLORIDA A & M UNIVERSITY

RECOMMENDATIONS:

1. Administration should consider providing adequate support personnel; programs with a strong emphasis on clinical education should also be provided with the additional faculty to support the clinical requirements.

2. Unless Health Care Management identifies a complement of full time faculty to direct and lead the department, the program will continue to deteriorate.

APPENDIX I

LEAD CONSULTANT'S RESUME

May thru October:
Post Office Box 829
Blowing Rock, NC 28605
(704) 295-7255

November thru April:
1029 Merrick Dr., #124
Lexington, KY 40502
(606) 268-1935

RESUME

FRANK G. DICKEY

PROFESSIONAL EXPERIENCE

1976 to date - Educational consulting work, including Idaho State Board of Higher Education, State University System of Florida, National Accreditation Council for the Blind and Visually Handicapped, National Allied Health Leadership Project, and North Carolina School of the Arts.

1974 - 1976 - Provost, University of North Carolina at Charlotte

1965 - 1974 - Executive Director, National Commission on Accrediting, Washington, D.C.

1963 - 1965 - Executive Director, Southern Association of Colleges and Schools, Atlanta, Georgia

1956 - 1963 - President, University of Kentucky, Lexington, Kentucky

1949 - 1956 - Dean, College of Education, University of Kentucky

1946 - 1949 - Associate Professor and Professor of Education, College of Education, University of Kentucky

1943 - 1946 - United States Army - Master Sergeant

1939 - 1943 - Teacher, Lexington Public Schools, Lexington, Kentucky

EDUCATION

1946 - Ed.D. - University of Kentucky

1943 - M.A. in English Literature, University of Kentucky

1939 - A.B. (summa cum laude) - Major in English, Minors in History and Music - Transylvania University

1952 - 1953 - Fellow in Educational Administration, Harvard University

HONORS

Honorary doctorates from eleven colleges and universities: Distinguished Alumni Award, University of Kentucky; Phi Delta Kappa, Omicron Delta Kappa, Alpha Zeta, Distinguished Achievement Award, University of Akron; Distinguished Alumni Award, Transylvania University; Member, Board of Directors, American Council on Education; Chairman, Commission on Educational Credit, American Council on Education; Member, Board of Directors, National Association of Land-Grant Colleges and State Universities; President, Southern Association of Land-Grant Colleges and State Universities; President, Southeastern Conference; Member, Board of Trustees of George Washington University; Cottey College, Transylvania University, Johnson C. Smith University; and member of numerous other boards and organizations.

PERSONAL

Date of Birth: December 1, 1917
Married to Elizabth Drymon Dickey
Children: Frank, Jr., Joseph, and Ann

APPENDIX II

INSTITUTIONAL SCHEDULES FOR VISITS

ALLIED HEALTH PROGRAM REVIEW

SCHEDULE OF SITE VISITS

UNIVERSITY	DATES (1987)
University of North Florida	June 25
Florida State University	June 26
Florida Atlantic University	July 6
University of Central Florida	July 6 & 7
University of South Florida	July 8
Florida International University	July 27
University of Florida	July 28 & 29
University of West Florida	July 29 & 30
Florida Agricultural & Mechanical University	July 31

UNIVERSITY OF NORTH FLORIDA
SITE VISIT SCHEDULE
HEALTH SCIENCE PROGRAM REVIEW
June 25, 1987

		President's Conference Room
8:30 - 9:00	Priority of discipline within university and availability of resources to program in discipline	President and Academic Vice President
9:00 - 9:45	Goals and Objectives of discipline and programs within the college and departments	Academic Dean and Department Chairs
10:00 - 11:00	Characteristics of program, adequacy of resources, relationships to university mission and to state needs, aspiration for program.	Division Faculty
11:00 - 11:15	Break	
11:15 - 12:00	Articulation of program with cognate discipline areas Articulation with community colleges	Deans of Colleges/ Program Directors/ Articulation Directors
12:00 - 1:00	Lunch and discussion of programs	Consultants Only
1:00 - 2:00	Characteristics of students, faculty specializations, curriculum, instruction, research, service, admissions, retention follow-up on program grads., community colleges and public schools interaction	Appropriate Unit Chairs/Directors, Admissions, Advising Sponsored Research Faculty Association
2:00 - 2:15	Break	
2:15 - 3:00	Review student work, interview students, review specialized facilities supporting program.	Students and Community Representatives
3:00 - 3:45	Break and discussion of programs	Consultants Only
3:45 - 4:45	Summary of findings and preliminary recommendations to the university	President and Academic Vice Pres.

FLORIDA STATE UNIVERSITY
SITE VISIT SCHEDULE
ALLIED HEALTH PROGRAM REVIEW
June 26, 1987

9:00 - 10:00	President Sliger Vice President Turnbull Dr. Steve Edwards, Dean of Faculty and Deputy Provost Dr. Ted Clevenger, Dean and Professor, College of Communication Dean Robert Lathrop, Dean and Professor, College of Education Dr. Jean Mundy, Allied Health Coordinator Dr. Margie Sparkman, Assistant Dean and Professor, Dean of Faculty Frank Dickey, Consultant of Allied Health Program Review Darryl Hewitt, BOR Consultant
10:00 - 11:00	Dean Werner Baum, College of Arts and Sciences Dr. Bob Reeves, Program Director Associate Professor Med. Sciences
11:00 - 12:00	Dr. Jean Mundy, Chairman, Human Services and Studies Dr. Jane Burkhead
12:00 - 1:00	Lunch
1:00 - 2:00	Dean Clevenger Dr. Bill Haas, Chairperson and Associate Professor Communicative Disorders
2:00 - 3:00	Dr. Margaret Sitton, Dean and Professor Home Economics Dr. Nancy Green, Associate Professor Food and Nutrition
3:00 - 4:00	Exit Interview Dr. Jane Burkhead Dr. Augustus Turnbull Dr. Steve Edwards Deans Gene Baum and Ted Clevenger

FLORIDA ATLANTIC UNIVERSITY
MEDICIAL TECHNOLOGY
SITE VISIT SCHEDULE
July 6, 1987

8:30 - 9:00	Priority of discipline with university and availability of resources to program in discipline	President and/or Academic Vice President
9:00 - 9:45	Goals and Objectives of the discipline and programs within the college and departments.	Academic Dean and Department Chairs
10:00 - 11:00	Characteristics of Program adequacy of resources, relationships to university mission and to state needs, aspiration for program.	Department or Program Chairs and Key Faculty (Separate meeting places depending on number of consultants and programs)
11:00 - 11:15	Break	
11:15 - 12:00	Articulation of Program with Cognate Discipline Areas	Deans of Colleges or Prog. Directors
	Articulation with Community Colleges	Include Community College representatives
12:00 - 1:00	Lunch and Discussion of Programs	Consultants Only
1:00 - 2:00	Characteristics of students, faculty specializations, curriculum, instruction, research, service, admissions, retention, follow-up on program grad., community colleges and public schools interaction and cooperation, community resources.	Department or Program Chairs and Key Faculty (Separate meeting places depending on number of cons. and programs)
2:00 - 2:15	Break	
2:15 - 3:00	Review student work, interview students review specialized facilities supporting program.	A selection of students with cross-section of characteristics by level, race, background.
3:00 - 3:45	Break and Discussion of Programs	Consultants Only
3:45 - 4:45	Summary of findings and preliminary recommendations to the university.	President, Academic Vice President

ALL MEETINGS ARE IN THE PRESIDENT'S CONFERENCE ROOM - ADMIN. 3rd FLOOR.

UNIVERSITY OF CENTRAL FLORIDA
SITE VISIT SCHEDULE
ALLIED HEALTH PROGRAM REVIEW
COLLEGE OF HEALTH

Monday, July 6, 1987

8:30 - 9:15 A.M. (President's Suite)	Academic Affairs	Drs. Astro, Juge
9:15 - 10:15 A.M. (HPB 209)	COH Dean	Dr. Gerughty
10:15 - 10:30 A.M.	Tour of Facilities	Dr. Ratusnik
10:30 - 11:00 A.M. (HPB 215)	COH Programs Medical Records Administration Medical Lab Sciences Radiologic Sciences	Dr. Kuyper Ms. Kangelos Mr. Edwards Key Faculty
11:00 - 11:30 A.M. (HPB 215)	Health Sciences Cardiopulmonary Sciences	Dr. Mendenhall Mr. Core Key Faculty
11:30 - 12:00 A.M.	Nursing Communicative Disorders	Dr. Kijek Dr. Ratusnik Key Faculty
12:00 - 1:00 P.M.	Lunch, Drive to Florida Hospital, Orlando	
1:30 - 2:30 P.M.	COH/Florida Hospital Practica Relationship	Mr. William Iles Assistant to President Florida Hospital, Orlando
3:00 - 4:00 P.M.	COH Executive Board	Drs. Gerughty, Kuyper, Ratusnik, Mendenhall, Mr. Core, Mr. Edwards, Ms. Kangelos
4:00 - 5:00 P.M.	Academic Affairs	Drs. Astro, Juge, Gerughty

UNIVERSITY OF CENTRAL FLORIDA
SITE VISIT SCHEDULE
ALLIED HEALTH PROGRAM REVIEW
COLLEGE OF HEALTH

Tuesday, July 7, 1987

8:30 - 9:00 A.M. (President's Suite)	Priority of Discipline and Resource Availability	Drs. Colbourn, Astro, Juge, Trefonas, Gerughty
9:00 - 9:45 A.M. (HPB 215)	Goals, Objectives of Health and Programs	Drs. Gerughty, Kuyper, Ratusnik, Mendenhall, Mr. Core, Mr. Edwards, and Ms. Kangelos
10:00 - 11:00 A.M. (HPB 215)	Adequacy of Resources, Relationships to UCF Mission/State, Aspirations	Drs. Kuyper, Ratusnik, Mendenhall, Kijek, Mr. Core, Mr. Edwards, Ms. Kangelos plus Key Faculty
11:00 - 11:15 A.M.	Break	
11:15 - 12:15 A.M. (HPB 215)	Articulation with Community	COH Program Council Members
12:15 - 1:00 P.M.	Lunch & Discussion of Programs	Consultants Only
1:00 - 2:00 P.M. (HPB 215)	Characteristics of Students, Faculty, Curriculum, Research, Admissions, Placement, Community Resources and Cooperation	Drs. Kuyper, Ratusnik, Kijek, Mendenhall, Mr. Core, Mr. Edwards, Ms. Kangelos plus Key Faculty
2:00 - 2:15 P.M.	Break	
2:15 - 3:00 P.M. (HPB 215)	Interview with three students from each program	Undergraduates and Graduate Students
3:00 - 3:45 P.M.	Break and Discussion of Programs	Consultants Only
3:45 - 4:45 P.M. (President's Suite)	Summary of Findings and Preliminary Recommendations	Drs. Colbourn, Astro, Juge, Trefonas, and Gerughty

UNIVERSITY OF SOUTH FLORIDA
SITE VISIT SCHEDULE
SYSTEMWIDE ALLIED HEALTH SCIENCES REVIEW
July 8, 1987

Lead Consultant: Dr. Frank Dickey BOR Consultant: Dr. Daryl Hewitt

8:15 - 8:55 ADM 233	Priority of discipline within university and availability of resources to programs in discipline	Provost and Academic Vice President Gregory O'Brien, Vice Provost Anker
9:00 - 9:15 SCA 464	Goals and objectives of the discipline and program within the college	Dr. Leon Mandell, Dean, College of Natural Sciences
9:20 - 10:15 CHE 307A	Medical Technology Review: Focus on 1983-87 Update on Program Data	Dr. Eugene Olsen, Dir. Medical Technology and Key Faculty
10:15 - 10:30	Break (Walk across campus)	
10:30 - 10:50 CBA 104	Communicology Review: Clinical Aspects	Clinical Faculty, CLY Department
10:55 - 11:45 SOC 148	Rehabilitation Counseling Review: Focus on 1983-87. Update on Program Data	Dr. Calvin Pinkard, Chair, Rehab. Counseling Dept. and Key Faculty
11:45 - 12:00 SOC 148	Goals and objectives of the discipline and programs within the college	Dr. Edward Slibert, Assoc. Dean College of Soc. & Behav. Sci.
12:00 - 1:00	Lunch and Discussion of Programs	Consultants Only
1:00 - 2:00 SOC 148	Gerontology Review: B.A./B.S./ M.A.	Dr. Larry Mullins, Assoc. Chair GEY Dept. Key Faculty
	Characteristics of Program adequacy of resources, relationships to university mission and to state needs, aspiration for program. Articulation of program with cognate discipline areas. Characteristics of students, faculty specializations, curruiculum, instruction, research, service, admissions, retention,	

	follow-up on program graduates, community colleges and public schools and cooperation, community resources.	
2:00 - 2:15	Break	
2:15 - 3:00 SOC 148	Communicology Review: Focus on 1983-87 Update on Program Data	Dr. Arthur Guilford, Acting Chair Comm. Dept. and Key Faculty
3:00 - 3:30	Break and Discussion of Programs	Consultants Only
3:30 - 4:45 ADM 233	Summary of findings and preliminary recommendations to the University.	Provost and Academic Vice President, Vice Provost Anker, Dean Mandell, Assoc. Dean Silbert, Dr. Guilford, Dr. Mullins, Dr. Olsen, Dr. Pinkard

FLORIDA INTERNATIONAL UNIVERSITY
BOR ALLIED HEALTH REVIEW UPDATE
SITE VISIT SCHEDULE

Dr. Frank Dickey, BOR Consultant
Mr. Darryl Hewitt, Staff BOR
July 27, 1987

8:30 A.M.	Pick up Dr. Dickey & Mr. Hewitt at the Airport Hilton
9:00 - 9:30 A.M.	Acting Dean Reba L. Anderson, School of Health Sciences, DM 204
9:30 - 10:00 A.M.	Dean Adam Herbert, School of Public Affairs and Services, PC 526
10:00 - 10:30 A.M.	President Maidique, and Vice President Adam Herbert PC 528
10:45 - 11:15 A.M.	Barbara Fortuna, Chair Medical Records Administration DM 274
11:15 - 11:45	Vandon White, Chair Health Services Administration DM 274
12:00 - 1:00 P.M.	Lunch - served DM 274
1:00 - 1:25 P.M.	Leonard Elbaum, Acting Associate Dean/ Assistant Professor, Physical Therapy DM 203
1:30 - 1:55 P.M.	Susan Kaplan, Acting Chair Occupation Therapy DM 203
2:00 - 2:25 P.M.	Ron Spiers, Director Prosthetics and Orthotics DM 203
2:30 - 2:55 P.M.	Nancy Wellman, Chair Dietetics and Nutrition DM 212
3:00 - 3:25 P.M.	Janet Lineback, Chair Medical Laboratory Sciences DM 274
3:45 - 4:15 P.M.	Exit Interview/PC 521
4:15 P.M.	Leave for Airport

UNIVERSITY OF FLORIDA
BOARD OF REGENTS ALLIED HEALTH REVIEW
SITE VISIT SCHEDULE
July 28-29, 1987

CONSULTANTS: Dr. Frank Dickey, Lead Consultant
Mr. Darryl Hewitt, Staff Program Review Coordinator

Tuesday, July 28th

9:00 - 9:30 a.m.	Dr. Richard R. Gutekunst Dean, College of Health Related Professions
9:30 - 10:15 a.m.	Dr. Barry R. Greene Chairperson, Department of Health Services Administration and Associate Dean for Program Planning and Evaluation
10:20 - 11:00 a.m.	Dr. Nathan W. Perry Chairperson, Department of Clinical and Health Psychology and Associate Dean for Research
11:10 - 12:00 noon	Mr. Marshall M. Criser, President Dr. Robert A. Bryan, Provost and Vice President for Academic Affairs
12:00 - 1:00 p.m.	Lunch
1:00 - 1:45 p.m.	Dr. David R. Challoner Vice President for Health Affairs
2:00 - 2:50 p.m.	Dr. Kenneth R. Bzoch Chairperson, Department of Communicative Disorders
3:00 - 3:50 p.m.	Ms. Kay W. Sieg Chairperson, Department of Occupational Therapy
4:00 - 5:00 p.m.	Student representatives from selected programs
5:00 p.m.	Dr. Richard R. Gutekunst Dean, College of Health Related Professions

Wednesday, July 29th

8:30 - 9:20 a.m.	Dr. Martha A. Clendenin Chairperson, Department of Physical Therapy
9:30 - 10:20 a.m.	Dr. Horace A. Sawyer Chairperson, Department of Rehabilitation Counseling
10:30 - 11:20 a.m.	Ms. Janet L. Rodeheaver Acting Chairperson, Department of Medical Technology
11:30 - 12:15 p.m.	Dr. Judy E. Perkin Program Director, Clinical & Community Dietetics
12:15 - 1:15 p.m.	Lunch
1:30 - 2:20 p.m.	Mr. Wayne D. Bottom Program Director, Physician Assistant Program
2:30 - 3:20 p.m.	Consultants time
3:30 - 4:30 p.m.	Exit Interview - President Marshall M. Criser Dr. Gene Hemp, Associate Vice President for Academic Affairs

NOTE: All interviews with Chairpersons, Program Directors and students will be held in the Dean's Conference Room (N1-2D).

UNIVERSITY OF WEST FLORIDA
MEDICAL TECHNOLOGY PROGRAM REVIEW UPDATE
SITE VISIT SCHEDULE
July 29, 1987

Local Consultant:	Ms. Patricia Amos, Assistant Dean, School of Community and Allied Health Birmingham, Alabama
Baptist Hospital:	8:30 - 11:00
8:30 - 9:00	Conference with education coordinator, laboratory manager, pathologist/s and supervisors.
9:00 - 9:30	Mrs. Carol Harrison - Lab Manager Dr. Alan Hulett - Pathologist and Medical Advisor of the Program.
9:30 - 9:45	Hematology
9:45 - 10:00	Chemistry
10:00 - 10:15	Blood Bank/Serology
10:15 - 10:30	Microbiology/Parasitology
10:30 - 10:45	Phlebotomy
10:45 - 11:30	Education Coordinator - Mrs. Beni Ballmes
11:30 - 1:00	Lunch
Sacred Heart Hospital	1:00 - 4:00
1:00 - 1:30	Mrs. Joan Daughdrill, Lab Manager
1:30 - 2:00	Dr. Gerard Hilbert, Pathologist and Medical Advisor
2:00 - 3:00	Visit the departments and talk to the teaching technologists.
3:00 - 4:00	Education Coordinator Mrs. Sandra Young or Mrs. Martha Presley

UNIVERSITY OF WEST FLORIDA
MEDICAL TECHNOLOGY PROGRAM REVIEW UPDATE
SITE VISIT SCHEDULE
July 30, 1987

Review Team:	Dr. Frank Dickey, Systemwide Consultant Dean Patricia Amos, University Consultant Mr. Darryl Hewitt, BOR Coordinator
7:30 - 8:30	Dr. Paul Hamilton, Executive Chair, Department of Biology. Motel pick-up and breakfast.
8:30 - 9:00	Dr. James Robinson, President; Dr. Douglas Friedrich, Vice President for Academic Affairs and Provost (Bldg. 10).
9:00 - 10:00	Dr. Ronald Evans, Dean, College of Arts and Sciences; Dr. Suzette Doyon-Bernard, Associate Dean; Dr. Hamilton (Board Room)
10:00 - 10:15	Dr. Hamilton (Bldg. 58).
10:15 - 10:30	BREAK
10:30 - 11:15	Mrs. Swarna Krothapalli, Director of Medical Technology (Bldg. 58).
11:30 - 12:00	Representatives of Depts. of Chemistry (Dr. Gurst), and Nursing (Mrs. Ogburn), (Board Room, Bldg. 10).
12:00 - 1:00	LUNCH FOR CONSULTANTS ONLY (Board Room)
1:00 - 1:45	Mrs. Krothapalli, Director of Medical Technology; Mrs. Julia Gibson, Assistant Director of Medical Technology; Dr. Peggy Winter, Chair, Division of Physiological and Molecular Biology; Biology Faculty - Drs. Baylis, Collard, Hood, Riehm, and Unny (Board Room).
1:45 - 2:30	Medical Technology students (Bldg. 58, Room 67).
2:30 - 2:45	BREAK
2:45 - 3:00	Tour of Bldg. 58 facilities
3:00 - 3:45	DISCUSSION OF PROGRAM FOR CONSULTANTS ONLY
3:45 - 4:45	Dr. Robinson, Dr. Friedrich, Dean Evans (Bldg. 10).
5:00	Departure of Dr. Dickey and Mr. Hewitt for airport (leaving by Continental >2958 at 5:40).

FLORIDA A & M UNIVERSITY
ALLIED HEALTH PROGRAM REVIEW
SITE VISIT SCHEDULE
July 31, 1987

8:00 - 8:30	Meeting with Dr. Jacqueline Beck, Dean School of Allied Health Sciences
8:30 - 9:00	Meeting with President Frederick S. Humphries and Dr. Richard Hoggs, Vice President for Academic Affairs
9:00 - 12:00	Meeting with Division Directors: Dr. Florence Amoto, Director, Provision of Medical Records Dr. Ray Patterson, Director, Division of Physical Therpay Mr. Harry Cartwright, Director, Division of Respiratory Therapy
12:00 - 1:00	LUNCH
1:00 - 2:30	Division Faculty: Ms. Judy Jones, Respiratory Therapy Mr. Mark Paugh, Respiratory Therapy Mr. Steve Allen, Physics Therapy Ms. Barbara Mosley, Medical Records Ms. Sheryl Venable, Medical Records
2:30 - 3:30	Students
3:30 - 4:40	Exit Interview

APPENDIX III

LIST OF UNIVERSITY COORDINATORS

ALLIED HEALTH PROGRAM REVIEW--COORDINATORS

Dr. Betty Flinchum, Professor &
Chairperson of Human Services
University of North Florida
Jacksonville, FL 32216 (SUNCOM 861-2841)

Dr. C. Jean Mundy, Chairperson
and Professor of Human Services
Education, STB-215
Florida State University
Tallahassee, FL 32306 (644-6014)

Ms. Cynthia B. Butler, Director of Medical Technology
Biological Science, Room 302-C
Florida Atlantic University
Boca Raton, FL 33431 (SUNCOM 238-3394)

Dr. David L. Ratusnik
Communicative Disorders, HP-115
University of Central Florida
Orlando, FL 32816 (SUNCOM 345-2121)

Dr. Ed Silbert, Associate Dean
College of Social & Behavorial Science
University of South Florida
Tampa, FL 33620 (SUNCOM 574-2504)

Dr. Reba L. Anderson, Acting Dean
& Associate Professor
School of Health Science
Dean's Office, DM-203
Florida International University
Miami, FL 33199 (SUNCOM 441-3446)

Dr. Richard Gutekunst, Dean & Professor
College of Health Related Professions
Box J-185, J. H. Miller Health Center
University of Florida
Gainesville, FL 32611 (SUNCOM 622-2631)

Dr. Ray Patterson, Director
Division of Physical Therapy
School of Allied Health Sciences
Florida A & M University
Tallahassee, FL 32307 (599-3820)

Dr. Paul V. Hamilton, Professor
Environmental Biology
Executive Acting Chairperson
Department of Biology
University of West Florida
Pensacola, FL 32504 (SUNCOM 680-3061)

APPENDIX IV

UNIVERSITY CONSULTANTS

UNIVERSITY CONSULTANTS

University of Florida
Joseph Hamburg, M.D., Professor
Health Administration
University of Kentucky
Albert B. Chandler Medical Center
Annex 2, Room 103
Lexington, Kentucky 405036-0080

Florida State University
Florida A & M University
University of North Florida
Florida International University
Rosemary K. Harkins, Ph.D.
Professor and Associate Dean
College of Allied Health
University of Oklahoma
Health Science Center
Post Office Box 26901
Oklahoma City, Oklahoma 73190

University of South Florida
David E. Yoder, Ph.D.
Chair & Professor
Department of Medical Allied Health Professions
Medical School Wing E 222H
University of North Carolina-Chapel Hill
Chapel Hill, NC 27514

Florida Atlantic University
Irene E. Roeckel, M.D.
Medical Director
Central Kentucky Blood Center
330 Waller Avenue
Lexington, Kentucky 40504

University of Central Florida
Dr. Thomas C. Barker
Professor and Dean
School of Allied Health Professions
Medical College of Virginia
Virginia Commonwealth University
Box 233
Richmond, Virginia 23293-0001

University of West Florida
Ms. Patricia Amos
Assistant Dean
School of Community an Allied Health
Birmingham, Alabama

APPENDIX V

PROGRAM INVENTORY

ACADEMIC DEGREE PROGRAMS INVENTORY, Continued
Current Through August 1987

CIP Codes	Degree Program (and Old HEGIS code)	UF	FSU	FAMU	USF	FAU	UWF	UCF	FIU	UNF
15.0104	Construction Engineering Technology (0986)			B					B	
15.0201	Civil Technology (0987)			B						
15.0202	Design Technology (0991)							B		
15.0301	Computer/Information Systems Technology							B		
15.0303	Electronic Engineering Technology (0980)			B				B		
15.0504	Environmental Technology & Urban Systems (0992)							B	B M	
15.0603	Industrial Technology (0984)						B		B	
15.0805	Mechanical Engineering Technology								B	
15.9901	Engineering Technology (0925)				B				B	B
15.9902	Operations Technology (0985)							B		
16.	**Foreign Languages**									
16.0101	Foreign Languages, Multiple Emphasis (1101)				B			B		
16.0402	Russian (1106)	B	B		B					
16.0403	Slavic Languages (1115)		M							
16.0501	German (1103)	B M	B M		B	B M			B	
16.0601	Greek (1110)		B M							
16.0901	French (1102)	B M	B M D		B M	B M	B	B	B	
16.0902	Italian (1104)		B		B				B	
16.0903	Latin (1109)	M	B M							
16.0904	Portuguese (1117)								B	
16.0905	Spanish (1105)	B M	B M D		B M	B M	B	B	B	
16.0906	Romantic Languages (1130)	D								
17.	**Allied Health**									
17.0209	Radiologic (Medical) Technology (1225)							B		
17.0302	Clinical Chemistry (1933)				B					
17.0310	Medical Technology (1223)	B	B		B	B	B	B	B	
17.0407	Vocational Rehabilitation (0842)	M	B MSD		M					
17.0508	Physician Assisting (1260)	B								
17.0806	Music Therapy (1828)		B M							
17.0807	Occupational Therapy (1208)	B M							B	
17.0813	Physical Therapy (1212)	B		B					B	
17.0818	Respiratory Therapy (1273)			B				B		
17.9901	Allied Health Services (1201)	B								
18.	**Health Sciences**									
18.0103	Speech-Language Pathology/Audiology (1220)		B MAD		M			B M		
18.0401	Dentistry (1204)	P								
18.0701	Health Services Administration (1202)	M		B		B			B M	